MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH Month Dov Adamski L.

06447 06453 DECEASED-NAME First 2b. HOUR (Type ar print) Joseph May 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) MONTHS DAYS HDURS 3-14-06 Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED [WIDOWED Maryland Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) INDUSTRY North Arundel Glen Burnie Salesman 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Box 120, Cape St: admission) STATE 13b. COUNTY Houte 4 YES 🗀 NO -Maryland mindel Annapolis 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Lost Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? anemyon NO R YES 🔲 210. ACCIDENT WAS UNDERLYING TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work at work ta 22a. I certify that (1) (this haspital) attended the deceased from. 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive ancauses stated above, (1) (we) (did) (the not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE

requires that the death certificate be executed within 24 hours after death. physician and campletely filled in by the funerol ond popers within carbon cremotion, or removal, and in any event, remove please attending permit. The the signed by the burial-transit p burial, cremotic as the prior to t O FUNERAL DIRECTOR: After this certificate has been PHYSICIAN: The law detached for use e Dept. af Heolth by the hospital or ATTENDING be retained TO HOSPITAL C

VR A15 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06448 CERTIFICATE OF DEATH 0645 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR physician and campletely filled in by the funeral ren please remave carban papers. Pages 1 and 2 not in now awant within 2 habes after death. 24 haurs after death. (Type or print) Manth GRACE ADELAIDE ANDERSON 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS HOURS Female White September 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED country) Bowie, Md. DIVORCED [Anne Arundel WIDOWED X 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR law requires that the death certificate be executed within give street gddress) during most of working life, even if retired.) INDUSTRY or remayal, and in any event, with Glen Rurnie Hospital Own Home 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13P COUNTY YES T NO 🗌 103 Sycamore Road Arundel inthicum 14. FATHER'S NAME Middle First Middle Last 15. MOTHER'S MAIDEN NAME First Last Names Carrick Mary Brown 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, or unknown) (If yes give war or dates of service) aPlata 229-46-97 (Bauchter) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending this certificate has been Health priar ta use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO K YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, State Dept. 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. State City or Town Caunty While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from. 1960 ta 1928, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE r, page be filed DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)

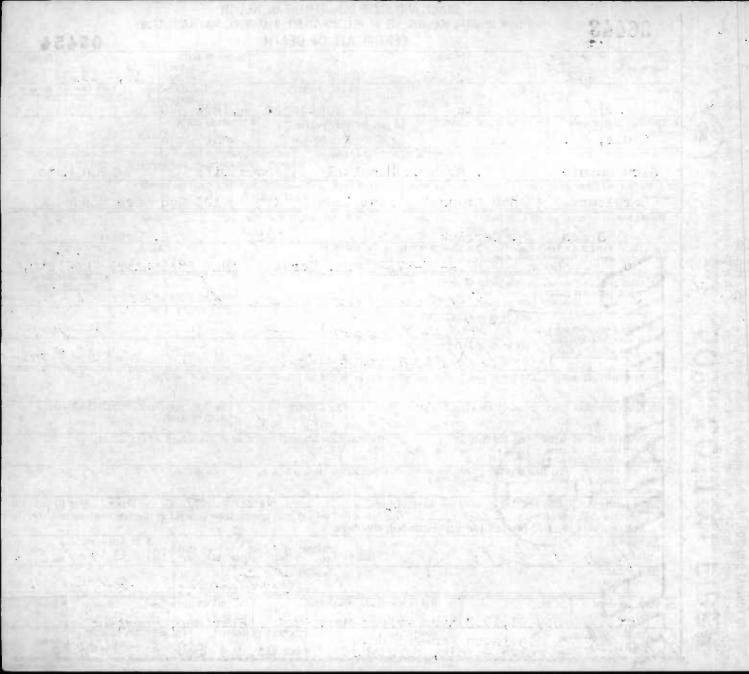
Meadowridoe Mem.

Singleton Funeral Home Glen Burnie, Maryland

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2Sa. REC'D BY REGISTRAR

256. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

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O FUNERAL DIRECTOR: After this certificate has been

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08455 CERTIFICATE OF DEATH DECEASED-NAME N First Middle lost 2a. DATE OF DEATH Manth 23 Day 68 Year (Type or print) N Anderson 4. RACE 3. SEX S. DATE OF BIRTH IF HINDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years White 9-12-03 Male 7o. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED AND NEVER MARRIED country) Wisconsin TISA Anne Arundel DIVORCED [WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Glen Burnie Arundel Foreman Griffind & Co 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CLTY OR TOWN. 34. HISIDE CITY LIMITS? admission) STATE 13b. COUNTY ... 354 Oakwood Rd. Anne Arunde 14 FATHER'S NAME First last 15. MOTHER'S MAIDEN NAME First Middle Inst Gus Anderson Emma (Unknown) 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 485 14 4973 Mrs. Bessie E. Anderson (wife) Same 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🗌 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn State County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on 1962, and that causes stated above, (I) (we) (did) (did not) view the body ofter death. 1964, and that in (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATUR 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) Glen Burnie, Maryland Glen Haven Memorial Park May Single CORSS Funeral Home 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Glen Burnie, Md.

67750 addinic Le 1 2 3 B THE COURSE OF THE SECOND PORT OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06456 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN 1. DECEASED-NAME First Lost 2b. HOUR (Type or Print) deloy 15 ARNOI Page d. DEATH MATED 6. AGE (In years LE LINDER 1 YEAR 4 RACE IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3 SEX 2d HOUR last birthday) 75 Deport 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED K DIVORCED [MANE Myundel. Item 18. Give Pages lond 2 with the Stote hours ofter death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY lew BURNIE NORTH. AKUNDEL - Hos None 13e. STREET AND NUMBER deoth. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md 13b. COUNTY AACo City 504 Hammonds Ferry Rd YES NO IX ofter 15. MOTHER'S MAIDEN NAME Middle 14. FATHER'S NAME Anna Schulman Fred Jacober .⊆ poges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** be executed within in pencil (Yes, no, y unknown) Family Same within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a). This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ should be forwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 05 remaval be used 19b. CONDITION FOR WHICH OPERATION 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? NO NO the certificate. 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING CAUSE OF DEATH MEDICAL DICAL EXAMINER: 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No City or Town County Stote NOT WHILE Ances Inspection 🔀 220. I certify that I took charge of the remains described above, held on Autopsy , Inquiry A ond in my opinion Accident X Suicide deoth resulted from: Natural couses Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 0 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Loudon Park Cem Baltimore Md UNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR ATSME 5 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06457 CERTIFICATE OF DEATH 06457 **DECEASED-NAME** First Middle Last 2a. DATE OF DEATH 2b. HOUR he funeral ges 1 and 2 after deoth. (Type ar print) Month FRANK WILLIAM BACHMANN .SR. May 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS Nov. 62 Male White 15,1905 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore, Md. WIDOWED [DIVORCED [USA Anne Arundel within 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind af wark dane 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR Rt.#B Bb×454*A Cryil Ave. Carpenter (re) Green Haven INDUSTRY Wood Produc Pasadena Rt.#5 60×4

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before signed by the attending physicion ond complete burial-transit permit. Then please remove carb burial, cremotion, or removol, ond in any event, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Box 408 Melsose YES NO 🗌 Rt.#1 Florida 14 FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Middle Last Lost William Elizabeth Poke Bachmann 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) Same as Mrs. Lillian M. Bachmann (wife) 218-10-6418 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Aspiration pneumonia 2 days DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) Malignant Ca. of Brain 7 months rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be detached for use os the Stote Dept. of Health prior to hos been OR ATTENDING PHYSICIAN: The law CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO V YES [O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Tawn County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from April , 1968 , taMay 15 , 1968 , that (I) (we) last saw the deceased alive on May 15 , 1968 , and that in (my) (our) opinion death occurred on the date and haur and from the poge 3 should be filed with the S causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE director, poge should be filed PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 395 Fort Smallwood Rd., Pasadena, Md. 23c. NAME DE CEMETERY OR CREMATORY 23d. LDCATIDN (City or Town) 23a. BURIAL, CREMATION. REMOVAL (Specify) Glen Burnie Mary
ISTRAR 25b. REGISTRAR'S SIGNATUR May 18, 1968 Glen Haven Memorial Pk 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 Munices Home Blen Burnie, Md. DATMAY Sinoleton Funeral

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., the name				- V					f, 1

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5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Departmen

Health priar to burial, cremation, ar removal, and in any event within 72 haurs after death.

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1,

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with

DICAL EXAMINER: This certificate should be executed within 24 hours after death

TO DEPUTY

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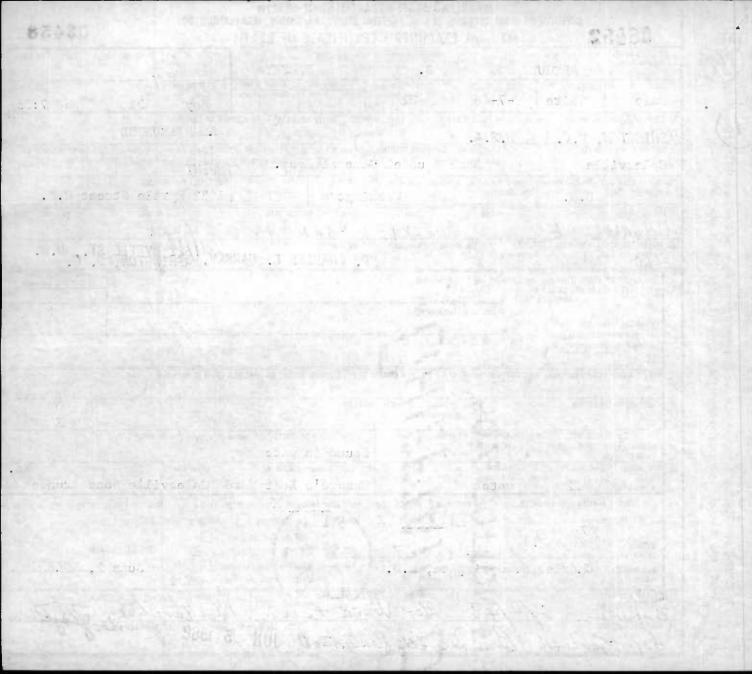
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. DECEASED-NAME	* First		Middle	Los			20. DATE KNOWN	Month	Doy Yeor	2b. HOUR
(Type or Print)	ARTHUR S. BARSKY OF ESTI-							19	M	
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In yea	IF UNDER 1 YE			2c. DATE PRONOUNCE			2d. HOUR
Male	White	9-7-46	2 1 birthday)	RS. MONTHS DA	YS HOURS	MIN.	Month May	Day 1	Yeor 1968	7:55M
7o. BIRTHPLACE (Sto	te or foreign 7	b. CITIZEN OF WHAT COU		MARRIED NEVER	MARRIED	9. COU	NTY OF DEATH	-	1700	PM
VASHINGTO	N D.C.	U.S.A.		_	DIVORCED [ANNE ARU	NDEL		Md.
10. CITY OR TOWN O	OF DEATH	11. NAME OF	HOSPITAL OR INSTITUT				CUPATION (Kind of we		12b. KIND OF BU	
Galesvi			dresArunde1		Hospiuring	21	UVENI		INDUSTRY	
odmission) STAT		ed lived, if institution: Re		hington	YES A		13e. STREET AND NUM 1622 Myrt		treet N.	W.
14. FATHER'S NAME	First	Middle	Lost	Is. MOTHER'S	MAIDEN NAME	First	Mi	ddle	lo	st .
CHARL	oc E	7	BARSKY	FRA	MC V	(BOR	+		
160. WAS DECEASED E	VER IN U.S. ARMED F	ORCES? 16b. SO							CT II	f+1
(Yes, no, or unkno	Wn) (If yes give w	var or dates of service)		MR. CHAR	LES E.	BARS	SKY, WASHIN	GTON	ST.C.N	·w.
1B. CAUSE O	F DEATH (Enter only	y one couse per line for (o), (b), ond (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
PART I.	DEATH WAS CAUSED	BY: IE CAUSE (o) Drov	mine							7 7 110 0 0 11 11 1
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	ony, which gove	(b)							100	
	diote couse (o), (DUE TO, OR AS A CO	ONSEQUENCE OF						1 1 1 1 1 1 1 1	
last.)	(e)							100	
PART 2. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTING TO I	DEATH BUT NOT RELAT	ED TO THE TERMIN	AL DISEASE OR (ONDITION	N GIVEN IN PART 1(o)			
929	8									
190. DATE OF O	OPERATION		NDITION FOR WHICH	OPERATION					20. AUTOP:	ZY?
THE		W.	AS PERFORMED?						YES X	NO 🗌
210. EXTERNAL	CAUSE WAS	21b. TIME OF INJURY	Month, Doy, Year	21c. HOW INJUR	OCCURRED (En	ter notur	e of injury in Port 1 c	r Port 2, It		
PRIMARY CAUSE OF DEA	OR CONTRIBUTING	HOUR A.M.	? 19	Found i						
21d. INJURY O	CURRED 21e. P	LACE OF INJURY (At home	, form, street,	21f. LOCATION SI	reet or R.F.D. No.		City or Town		County	stMd.
WHILE AT WORK	NOT WHILE X	ory, office building, etc.)		Hazard 1	s Boat	Yard	d Galesvi	.11e	Anne Aru	nde1
	-	ak charge of the rem	ains described abo					quiry [ny opinion
	esulted fram:	Natural causes			, Hamicid		Undetermined			пу орипоп
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ACTUAL	Can.	01. 1	- Cont		ASSISTANT MEDICAL			22b. DATE	SIGNED	
SIGNATURE	Charles	s S. Springa	ata M D	M.D.	DEPUTY MEDICA			Tune	e 2. 196	8
EXAMINER'S NAME (Type)	onaries	o. opring	rue, man		ADDRESS(Street,					~
230 BURIAL CREMA		DATE,	23c. NAME OF CEMETE	RY OR CREMATOR	1	23d.	LOCATION (City or Tov	vn) /2	(County) (Stote)
BURIA		14/48	How U	lask (anv.	1	Lyatteri	lle	· Mr	D.
24. FUNERAL DIREC		100	ADDRESS	21/1	2So. REC'D		SRAPOGO 25b. RE	GERMAN	CONTUNE	,
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06459 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 2g. DATE OF DEATH 2b. HOUR (Type or print) George BENEZE 6. AGE (In years 4. RACE IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH HOURS last-birthday) ong compression papers. requires that the death certificate be executed within 24 hours 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) completely filled in WIDOWED [DIVORCED [NAME OF HOSPITAL OR INSTITUTION (If not in haspital USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Wiking life, even if retired.) FERV FARMS FERRY
13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before cremation, or removol, and in any event, 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admissian) STATE 13b. COUNTY 14. FATHER'S NAME Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Yes, not of unknown) (If yes give war or dates of service) ELIZABET 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN DISSET AND DEATH IMMEDIATE CAUSE (a) signed by the buriol-transit p Canditians, if any, which gave) rise to immediate couse (a), 10 ms DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospitol or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been prior to the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 1955, to 1965, to 1965, that (I) (we) lost sow the deceased alive on 1966, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did net) view the body after death. director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR Sommuch MOEGREE 22e ADDRESS 22d. PHYSICIAN'S S. BORRSyc NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE LOCATION (City or Town) BURIAL, CREMATION, UNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Ocharles

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Mary and	1:20
76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	UNDER 24 HRS
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE 13b. COUNTY Pasadena 13c. COUNTY Pasadena 13c. COUNTY Pasadena 13c. STREET AND NUMBER	INESS OR Emp
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates at service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Add	Blvd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Last
18. CAUSE OF DEATH (Enter only one cause per line flar (a), (b), And (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF isse to immediate cause (a), stating the underlying cause (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21b. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 of them 18.)	
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TOR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Yeor	
OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED Vivil ether, natify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street at R.F.D. No. City at Tawn Caunty	State) (we) lo d from t
22b. SIGNAFORE) 22d. PHYSICIAN'S NAME (Type) C.R. MacDonald 22c. DATE-SIGNED PHYS. DIRECTOR DIRECTO	3
23a. BURIAL (REMATION, BEMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 12d. LOCATION (Gity or Town) (County) 12d. May 1968 Parkwood Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR RODert P. Ware ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR; SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papershauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hauld be seen at the state of the stat VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

Singleton Funeral Home/Glen Burnie, Md.

1968

REGISTRAR'S SIGNATURE

08430 Englis and alual Magnilege William Chille

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06461 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME Caroline 2a. DATE KNOWN Manth 2b. HOUR Joyce (Type or Print) FSTI-DEATH MATED Page IF UNDER 24 HRS. 4. RACE 6. AGE (In years 3 SEX S. DATE OF BIRTH 2c. DATE PRONOLINCED DEAD 2d. HOUR last birthday) 7-18-1-1934 YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH New Jersey USA WIDOWED [7] DIVORCED [with the Storle 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR WIT give street address) during most of working life, even if retired.) INDUSTRY ANNQVO115 Dell- Aure Moundel. gen teacher brivate school deoth. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 17.17 CC2. in Item 18. YES NO 211 Garden Gate Lane Annapolis haurs land 2 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Anders Caroline Sassman Lean be executed within 24 pages 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) 152-26- 8265 Donald W. Brill - same as #13 above File APPROXIMATE INTERVAL = within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. I BETWEEN ONSET AND DEATH farworded to the Chief Medical PART I. DEATH WAS CAUSED BY pending mulhale IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave rise to immediate cause (a), This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause C PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO DO execute the certificote, YES T should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At_hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK Landle 50 MACO MD 22a. I certify that I taok charge of the remains described above, held an Autapsy , Inspection Inquiry and in my opinian death resulted from: Natural causes . Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, tawn, ar county) 50 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Burial 5/31/68 Hillcrest Cemetery Md. Annapolis A.A. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR DATE JUN HOPPING FUNERAL HOME - Annapolis

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 ha

Page 4 may be retained by the haspital ar attending physician.

VR A1544 30M REV. 1/68

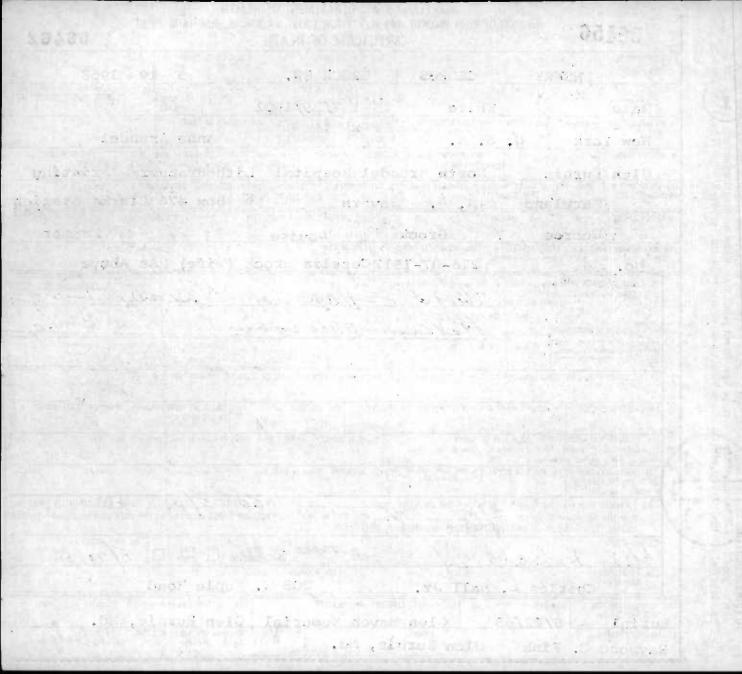
Raymond C. Fink

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CEASED-NAME ype ar print)	First HENRY		Middle GEORGE	BRO	lost OCK 5	SR.	2a. DATE OF	DEATH Mant	h 19 Do	1968	2b. HOUR
3. SE	Χ		4. RACE			. DATE OF B			6. AGE (n yeors	IF UNDER 1 YEAR	IF UNOER 24 HRS.
	Male		Wh	ite		7/28	3/1901		lost bir	6 yrs.	MONTHS DAYS	HOURS MIN.
7a. B caun	New Y	e ar fareign 7b	CITIZEN OF WHA		MARRIED WIDOWED		RRIED	9. COUNTY OF		Arun	del	M
10. C	117 OK TOWN OF	Burnie		ME OF HOSPITAL OR INSTI reet address) Orth Aru	TUTION (If not		during mo	L OCCUPATION of af warking Litho				BUSINESS OR
			lived, if institution 13b. COUNTY	n: Residence befare	isc city or to Sever:	OWN	13d. INSIDE CITY LIA	WITS? 13e. ST	REET AND	NUMBER 6 C1	arks S	tation
14. F	ATHER'S NAME	First	Middle	Last	15.	MOTHER'S N	IAIDEN NAME FI	rst		Middle		Lost
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		EVER IN U.S. ARMED	dates of consent	16b. SOCIAL SECURITY NO		ORMANT	179	. /	- \	Address	4.7	
	es, no or unknow			216-07-15	517 Ce	celi	a Broc	k (W1:	te)	As .	Above	IMATE INTERVAL
		ATH WAS CAUSED B'		for (a), (b), and (c).)	0-1	Vase	Bulon	S	lise	ası		ONSET AND GEATH
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2	PART 2. OTHER 422/	SIGNIFICANT CONDIT	TIONS CONTRIBUTE	NG TO DEATH BUT NOT	RELATED TO	THE TERMINA	AL DISEASE ORCO	ONDITION GIVE	N IN PART	1(0)		
CERTIFICATION	19a. DATE OF OP	ERATION 19b. COM	NDITION FOR WHIC	H OPERATION WAS PERF	PERFORMED 20a. AUTOPSY? YES \(\sum \) NO \(\sum \)			20b. IF YES, WERE FINDINGS CONSI CAUSES OF DEATH?			CONSIDERED IN C	ERTIFYING
AL	OR CONTRIBUTION	WAS UNDERLYING G CAUSE OF DEATH medical examiner)	21b. TIME OF I HOUR A.M. P.M.	Manth Day Year			CURRED (Enter		ry in Part	1 or Part 2,	Item 18.)	
	21d. INJURY OG While Nat at wark ot v		ACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	21f. LOC	ATION Stre		,	ar Town		Caunty	State
	saw the	e deceased alive	e an 2/	ided the deceased light not) view the bo	and, and	that in (n	, 19_5 ny) (aur) apir	nian death	occurred	≥, 19 an the d	968, tha ate and haur	t (I) (we) la and fram th
	22b. SIGNATURE	and S	all		DEGREE	1117.01	DI LXI	ED.	STAFF PHYS.	220	DATE SIGNED	58
	22d. PHYSICIAN NAME (Typ		e L R	all Jr.		22e. AD	203 W.	Mapl	e Ro	ad		
	BURIAL, CREMAT REMOVAL (Speci	TION, 23b. DAT	Έ	23c. NAME OF CE		REMATORY		23d. LOCATIO	ON (City ar	Town)	(County)	(State)
	FUNERAL DIRECT	5/2	22/68	Glen	Haven	Mem	2So. RIGITAR	Glen			S SIGNATURE	1-0
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	ECEASED-NAME Type ar print)	First Ann i e	Eliz	Middle abeth	BF	Last OWN		2a. DATE OF	Manth May	Day 6.	1968	2b. HOU	
. 5	Female	4. F	Negro			S. DATE OF BIR			6. AGE (In years last birthday)	RS. IF UN	DER I YEAR	IF UNDER 24 H HOURS A	IRS. WIN.
0. A	BIRTHPLACE (State or ntry) Maryle CITY OR TOWN OF DEF	and U.	give street o	HOSPITAL OR INST	WIDOWED [ITUTION (If no Bel G	en •	ED 12a. USUAL during mas	OCCUPATION t of working l	e Arunde (Kind af wark do life, even if retire	d.) 12	b. KIND OF I	BUSINESS OR	Md.
dm	USUAL RESIDENCE (Wissian) STATE Md FATHER'S NAME		d, it institution: Re	A.Co	Edge		YES NO	X R	t 4 Boz	64	1	Last	
	. WAS DECEASED EVER Yes, na, ar unknawn)	IN U.S. ARMED FO	RCES? 16b. S is of service)). 17. I		Brown	Rt 4	Anne Addres Edgews	s	APPROXIN	ATE INTERVAL	
	Canditians, if any, vrise to immediate stating the underly last. PART 2. OTHER SIGN	IMMEDIATE CAU which gave cause (a), (ying cause) D	(c) OR AS A CO	ONSEQUENCE OF ONSEQUENCE OF	clari		faorta	NOITION GIVEN	in PART 1(0)	ues	yea yea	r	<u>-</u>
CERTIFICATION	19a. DATE OF OPERAT	18	ION FOR WHICH OP	1000		20a. AUTOP			YES, WERE FINDIN OF DEATH?	GS CONSID	DERED IN CE	RTIFYING	
MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING [(If either, natify me	CAUSE OF DEATH	P.M.	nth Day Year 19					y in Part 1 ar Par			State	
V		٠ ا	n /V/ac	the decease 15 1000) view the b	d from de	that in (my death. ATTENDING PHYS. 22e. ADDR) (our) apin	D. ta_/ ian death a	Staff D	196	,		last
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-9-	1968	23c. NAME OF C					N (City or Town) Arunde		ounty)	(State)	
	FUNERAL DIRECTOR C.E. H10	cks.lll	Annapo	ADDRESS	rylar	0.00	DATE NIP	REGISTRAP	1968 REGISTA	ABIS SIGN	AURE J	nogr	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in director, page 3 should be detached far use as the burial-tronsit permit. Then please remave carbon papers—shauld be filed with the State Dept. of Health prior ta burial, cremotion, or removol, and in ony event, within 72 h VR A15 11 30M REV. 1068

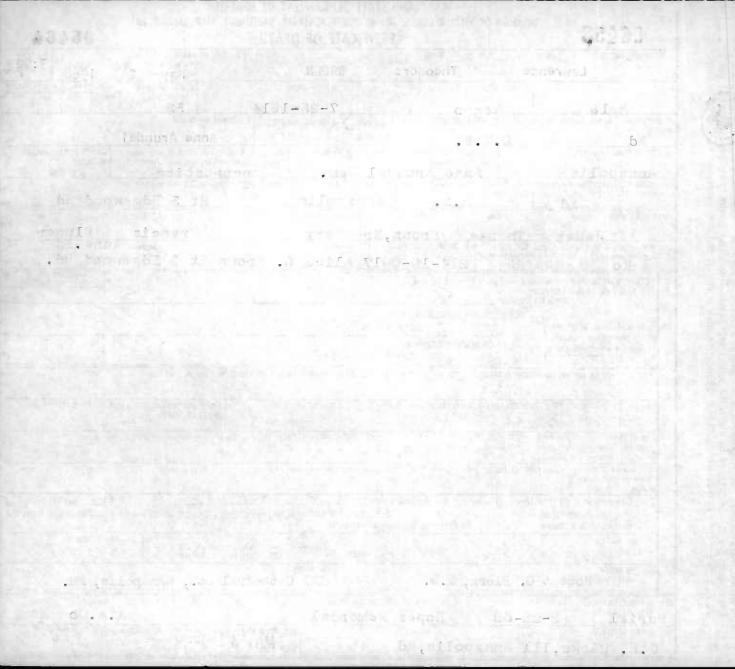
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06458 CERTIFICATE OF DEATH 06464 the funeral ages 1 and 2 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH aurs after deoth (Type ar print) Theodore BROWN Lawrence May 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) 7-25-1914 Male Negro 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED | WIDOWED Anne Arundel within 24 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address)
Anne Arundel Gen. during mast af warking life, even if retired.)

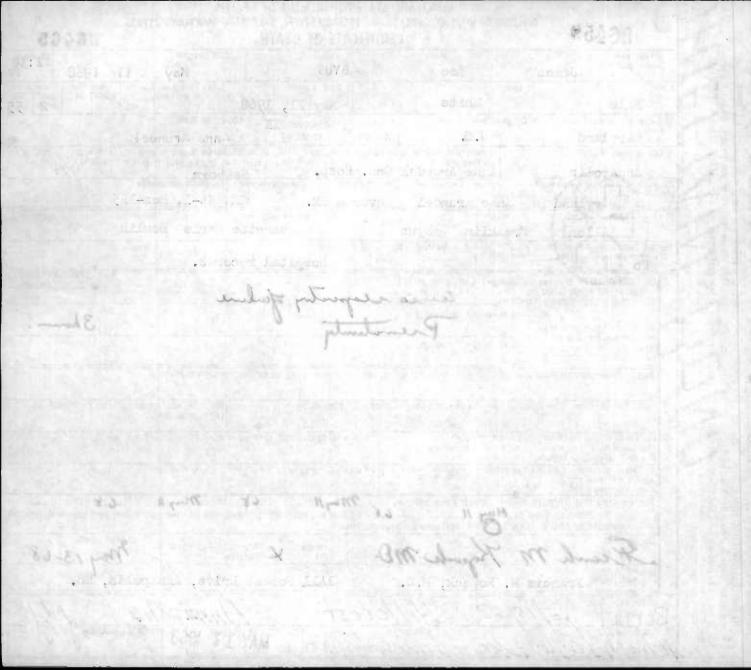
Construction INDUSTRY signed by the attending physicion and completely fi burial-transit permit. Then please remove carban Annapolis Anne Arundel Gen
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN **** 13d. INSIDE CITY LIMITS?
YES NO. 13e STREET AND NUMBER PHYSICIAN: The law requires that the death certificate be executed 13b. COUNTY Annapolis Rt 3 Edgewood Rd 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Plumer Brown, Sr 16b. SOCIAL SECURITY NO. 17 Francis Mary Thomas 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Anna . Mc Yes, na, ar unknawn) (If yes give war or dates of service) 214-10-0017 Alice L. Brown Rt 3 Edgewood Rd. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN GINSET AND DEATH 571, 9 Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF pest operate benesities rise ta immediate cause (a), ONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been Dialetes mellitis as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🕝 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 1967, 1966, ta 1969, that (1) (we) last saw the deceased alive on 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. director, page 3 should 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Robert O. Biern, M.D. 121 Cathedral St., Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (State) 23a. BURIAL, CREMATION, (County) BUP 1 (Specify) Md A.A.Co 5-28-68 Hopes Memorial 250. REC'D BY REGISTRAR 1968Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR C.E. Hicks, 111 Annapolis, Md 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

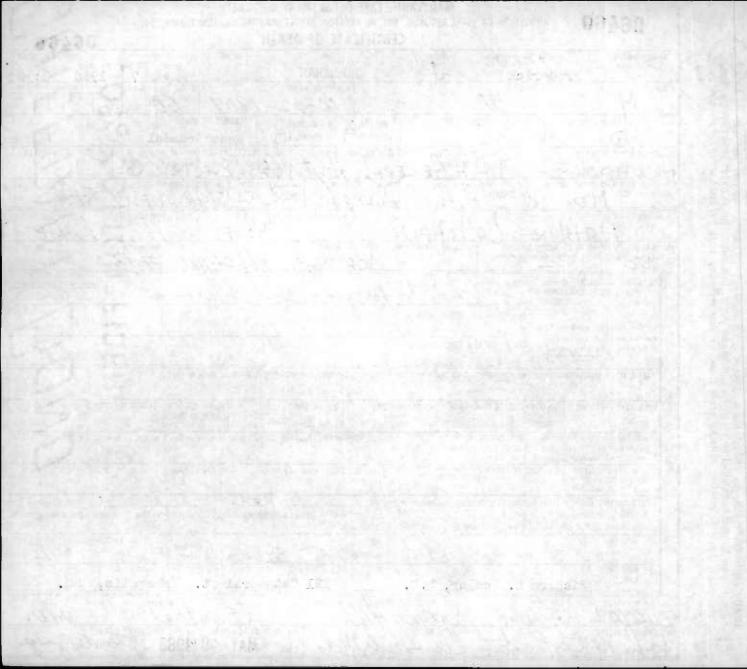


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06465 Middle Lost 20. DATE OF DEATH 1. DECEASED-NAME First (Type or print) **BYUS** Lee James 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX lost birthdoy) DAYS White May 11, 1968 Male remove corbon papers. Pag n ony event, within 72 hours The law requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland U.S. WIDOWED | DIVORCED [Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Anne Arundel Gen. Hosp. during most of working life, even if retired.) Annapolis Newborn 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY Rt-1. Box-125 Severna PK. Anne Arundel and in ony 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Dowling Jeanette Marie Allen Byus Franklin pleose physician (17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give war or dates of service) signed by the attending physic burial-transit permit. Then pl burial, cremation, or remaval, Hospital records. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if only, which gove rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the haspital or attending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the prior to b FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO X YES 1 use State Dept. of Health 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this hospital) attended the deceosed fram Muy 11, 1965, to Muy 12, 1965, that (1) (we) last saw the deceased alive an Muy 11, 1965, and that in (my) (our) opinion death accurred an the date and haur and fram the saw the deceased alive an Hay 11 director, page 3 should should be filed with the causes stated abave, (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22 DATE SIGNED) DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Francis M. Kopack, M.D. 1411 Forest Drive, Annapolis, Md. 23c. NAME OF COMPTERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIAL, CREMATION, 23b. DATE SEMOVAL (Specify)

FUNERAL DIRECTOR



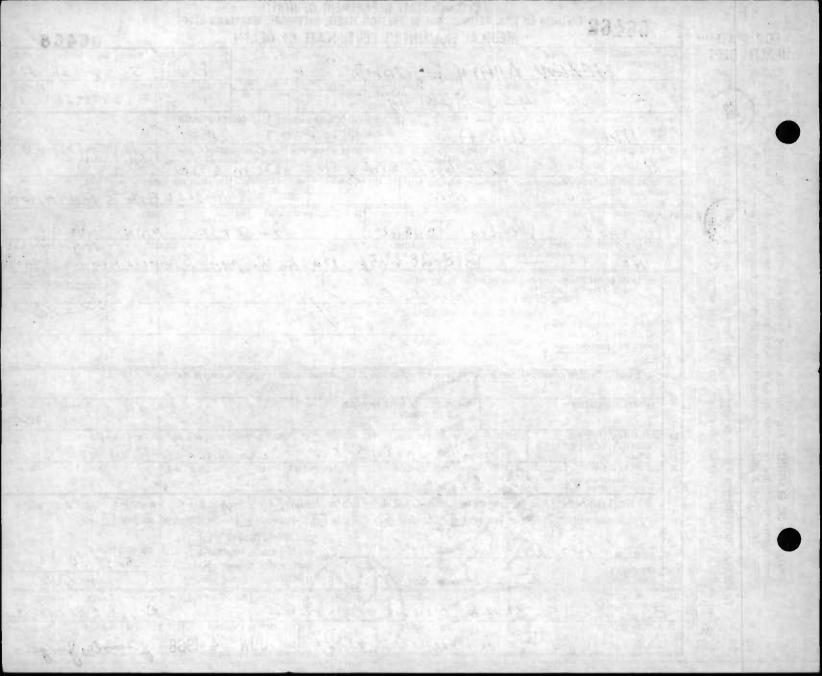
MARYLAND STATE DEPARTMENT OF HEALTH 06460 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR . DECEASED-NAME First FRED Lost 2o. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) Doy Month CALLAHAN Frederick 1968 campletely filled in by the fur S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR MONTHS DAYS HDURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED Anne Arundel NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH **INDUSTRY** 139 CITY OR TOWN event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE remave burial-transit permit. Then please rema burial, crematian, ar remaval, and in any 14. FATHER'S NAME Middle Lost MOTHER'S MAIDEN NAME First Lost physician and 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN Address Yes no or unknown) (If yes give war ar dates af service) APPROXIMATE INTERVAL signed by the attending 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (f).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been detached far use as the te Dept. af Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES X NO O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while 22a. I certify that (I) (this haspital) attended the deceased frate, ond that in (my) (aur) apinian death occurred on the date and hour and fram the at work TENDING be retained 22b/SIGNATURE 22c. DATE-SIGNED -DEGREE DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) 121 Cathedral St., Richard N. Peeler. Annapolis. directar, shauld t NAME OF CEMETERY OR EREMATORY (Stote) 23o. BURIAL CREMATION. LOCATION (County) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1968 30M REV DATE



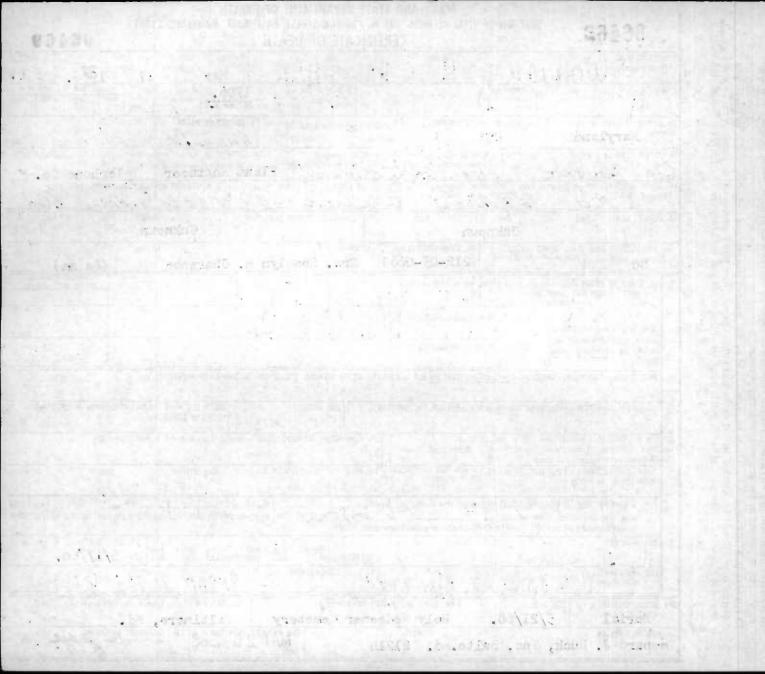
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MARYLAND STATE DEPARTMENT OF HEALTH	
06462 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06468
HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month OF ESTI-	Doy Yeor 2b. HOUR
HELEW MINY + LITORING ARK DEATH MATED 5	28 185 AM
	2d. HOUR
The second secon	FYeor 68 AM
70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Country) MA U.S.A WIDOWED DIVORCED AA CO.	Md
The part of the pa	12b. KIND OF BUSINESS OR
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 13. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE MO 13b. COUNTY P. P. CO 13c. CITY OR TOWN 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13b. COUNTY P. P. CO 13c. CITY OR TOWN 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13b. COUNTY P. P. CO 13c. CITY OR TOWN 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13b. COUNTY P. P. CO 13c. CITY OR TOWN 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13b. COUNTY P. P. CO 13c. CITY OR TOWN 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13b. COUNTY P. P. CO 13c. CITY OR TOWN 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13b. COUNTY P. P. CO 13c. CITY OR TOWN 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13b. COUNTY P. P. CO 13c. CITY OR TOWN 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13b. COUNTY P. P. CO 13c. CITY OR TOWN 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13b. COUNTY P. P. CO 13c. CITY OR TOWN 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13b. COUNTY P. P. CO 13c. CITY OR TOWN 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13d. MOSIDE CITY LIMITS? 13e. STREET AND NUMBER NEW 13	INDUSTRY
130. USUAL RESIDENCE Where deceosed lived, if institution: Residence before odmission) STATE MO 13b. COUNTY P. P. CO YES NOW NAMED AND NUMBER	
OB Odmission) STATE MO 13b. COUNTY A. A. CO YES NO X NATELLAVE	3 ANNA, TOO
14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
Richard Wesley longue ALVERIA MMN	NeAL
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)	AHNAPOLA
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 180. SOCIAL SECURIONO. 17. INFORMANT ADDRESS	AVE-BEST GAR
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	APPROXIMATE INTERVAL BETWEEN AND DEATH
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove (b)	
DUE TO, OR AS A CONSEQUENCE OF	Jueflen
Conditions, if only, which gove prise to immediate couse (o), (b)	1
Stoting the underlying couse last.	DISPALACIO
Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse last. (b) DUE TO, OR AS A CONSEQUENCE OF last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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210. Time of intoki month, boy, feet 21c. How month, boy, feet 21c. How month occoncil (cities flottles of injury in February 10, Febru	tem 1B.)
216. EXTEXAND CAUSE WAS 216. TIME OF INJURY Month, Doy, Teor 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter noture of injury in Part) or Port 2, If 1216. HOW INJURY OCCURRED (Enter	
	County Stote
WHILE Not WHIL	
22a. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [and in my apinian
deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE CO TENDESCENT M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED /
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE ADDRESS(Street city town or county) ADDRESS(Street city town or county)	28/60
SIGNATURE SIGNATURE EXAMINER'S NAME (Type) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	MICO
250. Date of Central o	(County) (Stote)
Ol Mariaz Deire Cultura in 1990	7.co ma
24. FUNERAL DIRECTOR. VR A15ME BY LONG REGISTRAR 25b. REGISTRAR 2	
VRAISME DATE JUN 4 1968 your	onles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06463 05469 CERTIFICATE OF DEATH 2b. HOUR 2o. DATE OF DEATH DECEASED-NAME First death. Month 968 (Type or print) PM May 6. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS. after 3. SEX 4. RACE 1333 lost birthdoy) MONTHS I DAYS HOURS requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED country) Maryland physician and completely filled in' en pleose remove carbon papers TISA WIDOWED DIVORCED [7] ANNE 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 7825 Balto-AWA Buring nost of working life, even if retired. give street address) INDUSTRY GIEN ephone Co DURNIE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b. COUNTY ANNE CHEN BU 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? event YES NO D and in any IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Lost Unknown Unknown 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service) 212-05-0683 Mrs. Reselyn M. Charshee (Sa me APPROXIMATE INTERVAL attending property of the 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (a). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by the atter burial-tronsit perm buriol, cremation, a DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospital or ottending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) the State Dept. af Health prior to hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [7 NO [TO FUNERAL DIRECTOR: After this certificate 21 o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote County 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on 19 60, and that causes stoted above, (I) (we) (did) (did nat) view the body after death. 19 60, and that in (my) (aur) apinian death accurred on the date and haur and from the director, page 3 should schould be filed with the 22c. DATE SIGNED SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 5/17/68. DEGREE PHYS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE 23o. BURIAL, CREMATION REMOVAL (Specify) 5/21/68. Hely Redeemer Cemetery Baltimere. Md. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Leenard J. Ruck, Inc. Balte.Md. 21214



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR low requires that the death certificate be executed within 24 haurs ofter death (Type or print) 1968 Sheppard Clark 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS OAYS HOURS 1/14/12 Male Negro 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED X DIVORCED [Raleigh N.C. USA WIDOWED | Anne Arundel ottending physicion and completely filler permit. Then please remove carbon po 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12o, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress)
Crownsville State Hosp. during most of working life, even if retired.) **INDUSTRY** × Crownsville unknown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY NO 🗌 Baltimore Sharp Street burial, crematian, or removal, and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Lost Lost Sheppard Clark Caark 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown) Hospital Records. Crownsville State Hospital unknown unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OEATH Cerebral vascular accident IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit p Generalized arteriosclerosis rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 33/X Chronic brain stndrome; os the O FUNERAL DIRECTOR: After this certificate has been glaucoma 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO 🔛 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Not while at work 22a. I certify that (I) (this hospital) attended the deceosed from 4/14 , 1%7 , ta_5/2 , 19.68 , that (I) (we) last sow the deceased alive on 5/2 19.68 , and that in (my) (aur) apinion death accurred on the date and hour and from the director, page 3 should should be filed with the couses stated above, (I) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 5/2/68 22d. PHYSICIAN'S 22e. ADDRESS Crownsville State Hosptal, Maryland NAME (Type) Charles R. Venter, M.D. director, 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (Caunty) (REMOVAD (Specify) 24. FUNERAL DIRECTOR

VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 064 Middle Last 2a. DATE OF DEATH 2b. HOUR Month \ CLEDE Year LS EVANGELINE H. 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS WHITE Nov. 28, 1900 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗍 Anne Arundel Co.. U.S. DIVORCED | WIDOWED [Md. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most af warking life, even if retired.) give street address INDUSTRY

Riviera beach 8	hh7 Bay Road	Ho	usewile	
13o. USUAL RESIDENCE (Where deceosed lived, if instituted admission) STATE 13b. COUNTY		OR TOWN 13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 8447 Bay Roa	ad
14. FATHER'S NAME First Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Lafayette Ha	gler	Daisy C.	Young	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no ar unknawn) (If yes give war ar dates of service)	16b. SOCIAL SECURITY NO. 17	INFORMANT	(same)	
18. CAUSE OF DEATH (Enter only one cause per li	ine for (a), (b), and (c),)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)				6 mo.
Canditions, if any, which gave	AS A CONSEQUENCE OF PRONIC RYELD	NEPHRITIS		GYRS
stating the underlying cause DUE 10, OR last.	AS A CONSEQUENCE OF VA WITH PA	RAPLEGIA		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBU		TO THE TERMINAL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)	
	HICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO P	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
21a. ACCIDENT WAS UNDERLYING 21b. TIME O	Manth Day Yeor	HOW INJURY OCCURRED (Enter natu	re of injury in Part 1 ar Part 2, it	em 18.)

21f. LOCATION

DEGREE

in by the funeral ers. Pages I and burial, crematian, ar remaval, and in any event, within 72 haurs after **O FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in b director name 3 should be detached far use as the burial-transit permit. Then please remave carban papers. attending physician. directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta Page 4 may be retained by the haspital ar 30M REV. 1/68

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

O HOSPITAL OR

after death.

VR A15 (4)

FUNERAL DIRECTOR

06465

FEMALE

7a. BIRTHPLACE (State or foreign

Alabama

21d. INJURY OCCURRED

While Not while

at wark

saw the deceased alive an

couses stated above, (1)

at work

22b. SIGNATURE

22d. PHYSICIAN'S

23a. BURIAL, CREMATION, REMOVAL (Specify)

NAME (Type)

10. CITY OR TOWN OF DEATH

First

DECEASED-NAME

(Type or print)

3. SEX

23b. DATE 5-14-1968

21e. PLACE OF INJURY

23c. NAME OF CEMETERY OR CREMATORY Glen Haven Mem. Park

(AT HOME, FARM, STREET, FACTORY,)

(we) (did) (did not) view the body ofter deoth.

JR., M. D.

22a. I certify that (1) (this hospital) attended the deceased from MUGOST , 1966, to MAY

Street ar R.F.D. No.

ATTENDING PHYS.

22e. ADDRESS

Ritchie Hgwy., A. A. (County), MM (State) BY REGISTRAR 25b.

County

22c. DATE SIGNED

5-12-68

State

City or Town

1968, and that in (my) (our) opinion dooth occurred on the date and have and fram the

2934 mountain Rd. Paradena, md 21122

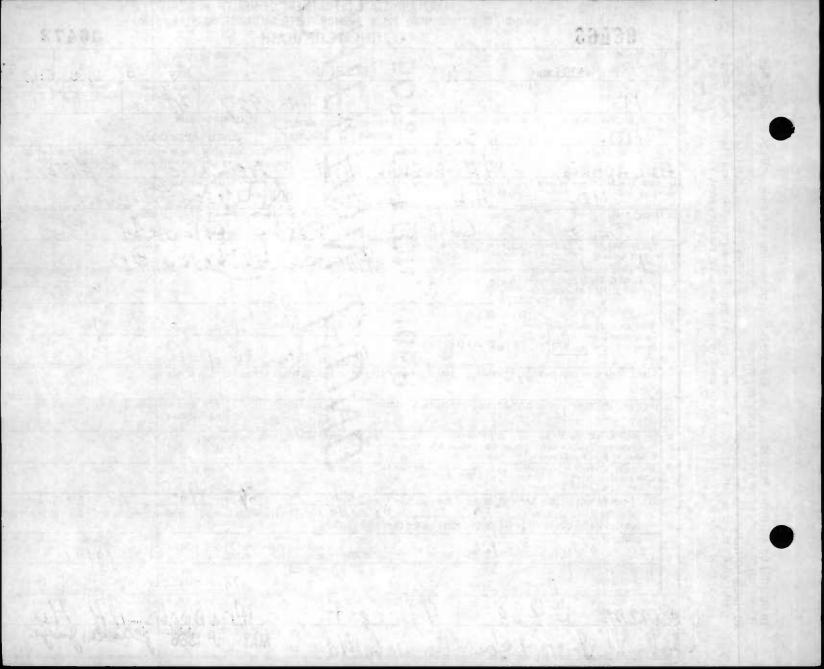
ADDRESS George J. Gonce-4001 Ritchie Hgwy., Baltimore

MAY 11

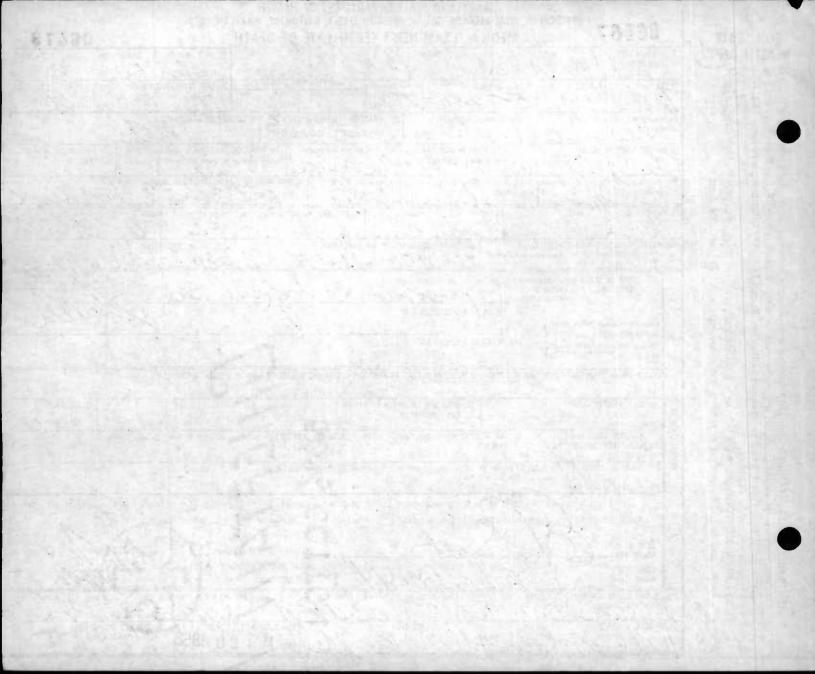
MED. DIRECTOR

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		06466		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	06472
1.	. DEC	FASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR p
	(Ту	pe or print) William	u/	COLBURN	Manth Ba	1968 6:45 M
3.	. SEX	М	4. RACE	S. DATE OF BIRTH 2 - 14 - 19	6. AGE (In years last highbay) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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14	4. FA	THER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F	- 1704 TYLER	last -
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	1	PART I. DEATH WAS CAUSED B	ane cause per line far (a), (b) and (c)	1 c handa a		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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l		anditians, if any, which gave)	(b)	Heyth bloom	pressuro.	Jeen.
ŀ	5	tating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	Chrisi y Cener	lonefluits	yen
		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	9a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
		I a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2,	Item 18.)
	žΓ	If either, natify medical examiner 21d. INJURY OCCURRED 21e. PL While Nat while	P.M. 1 ACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		. City ar Tawn	Caunty State
	0	twark at wark (1) (this	hospital), attended the deceas	ed from 5//19	64 ta 10	07 , that (I) (we) last
1		saw the deceased aliv causes stated abave, (e an S/6 I) (we) (did) (did nat) view the	ed from 5 / , 19 , 19 , 9 . 2 , and that in (my) (aur) api bady after death.	inian death accurred on the d	ate and haur and fram the
	1	26. SIGNATURE GEVEN	I Cobures	DEGREE PHYS.	AED. STAFF 22c.	DATE SIGNED
	2	2d. PHYSICIAN'S NAME (Type)	mmn chung	22e. ADDRESS 12 (CATIFORIN S	T MUNITORIS 142
2	303	BURIAL, CREMATION, 23b. DA REMOVAL (Sporify) 5-9	16 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Jown)	(Shate)
3	24. F	NERAL DIRECTOR	ADDRESS	. /- // / M	y REGISTRAR 19 356. REGISTANT	JIGHA PRE Judge
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		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
FOR STATE		MEDICAL EXAMINER S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED-NAME First Middle 20. DATE KNOWN Month Doy Yeor 2b. HOUR
A to Poge	_	DEATH MATED SISS 1988 N
	3(5)	4. RASE 5. DATE OF BIRTH 6. AGE (in years 1 F UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOURS MIN. Mopth. Day Year
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I within 24 n pencil in Examiner's File poges 1.72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or doles of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT 264-18-7164 DUBLIK TOMOGRAPH ADDRESS 16D. SOCIAL SECURITY NO. 17 INFORMANT 264-18-7164
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TY ple prior prior	1	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED
Ssary, properties of the price		EXAMINER'S DEPUTY MEDICAL EXAMINER 3
TO DEPUT' necessary, the funer 5 may be 10 FUNERA Health p	00	NAME (Type) ADDRESS(Street, city, town, or county) ADDRESS(Street, city, town, or county)
5-1-25-1	1	BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d ESCATION (City or Town) (County) Tologo Sanda County) Tologo Sanda County (County) Tologo Sand
VR ALSME (S)	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE DATE MAY 2. 0. 1968
10M REV. 1/68	4	Illiam Reesett. CVV a. M. DATE MAY 20 1968 guards



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08474 DECEASED-NAME Lost 2a. DATE OF DEATH death. 2b. HOUR urs after death. and (Type or print) METT 3. SEX S. DATE OF BIRTH 6. AGE (In years lost birthdoy) MONTHS DAYS HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) DIVORCED [NAME OF HOSPITAL OR INSTITUTION (If not in hospital LO CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR g physician and completely Then please remave carban ROUIDENCE event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREEL AND NUMBER law requires that the death certificate be executed odmission) STATE 13b. COUNTY and in any 14. FATHER'S NAME Middle Lost MOTHER'S MAIDEN NAME First Lost 00 160. WAS DECEASED EVER IN U.S. ARMED FORCES? V6b. SOCIAL SECURITY NO. INFORMANT Address ar remaval, APPROXIMATE INTERVAL signed by the attending 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) permit. crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) be retained by the haspital ar attending this certificate has been use as the CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health YES 🗀 NO I 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 1 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased fromsow the deceosed olive on. and that in (my) (our) opinion death occurred on the date and hour and from the shauld couses stoted oboye, (1) (did) (did not) view the body after deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR director, page 3 shauld be filed v PHYS. PHYS. 226 ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR **BURIAL, CREMATION** (County) hou Da REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. VR A15 (4) 30M REV, 1/68

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2D. AUTOPSY? YES XX NO 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) County Stote Inquiry and in my apinion Undetermined manner 22b. DATE SIGNED 6-1-68 23d. LOCATION (City or Town) (County) (Stote) Texas 1968 FEGISTEAR'S SIGNATURED REC'D BY REGISTRAR C.E. Hicks, 111 43-45 Northwest St, Anna, Md. JUN

MARYLAND STATE DEPARTMENT OF HEALTH

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12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06476 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT DECEASED-NAME First Middle 2a. DATE KNOWN X Manth (Type or Print) Poge 5/11/68 **EDNA** DANNER ond 3 to LILLIAN DEATH MATED IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX PM3. Year 73 female. white 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry)Baltimore Exominer's Office along with form in Item 18. Give Poges 1, DIVORCED [WIDOWED TO Anne Arundel ISA ofter deoth 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR North Arundel Hospital during most of working life, even if retired.) INDUSTRY Glen Burnie Housewife Oun Home 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Anne Arundel Mary land Glen Burnie YES INO X 25 - 2nd NE lond 2 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME Middle Richard Whitney Cathrina poges hours 16g WAS DECEASED EVER IN ILS ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within in pencil (Yes, no. or unknown) (If yes give war or dates of service) Mildred Morton File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Poge 4 should be forworded to the Chief Medical buriol-tronsit permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 'pending" Multiple Injuries IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pleose execute the certificote, 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) moy be retoined for your files. FUNERAL DIRECTOR: Poge 3 should PRIMARY K OR CONTRIBUTING SICAL EXAMINER: 5/11/19 68 Pedestrian struck by car CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) WHILE NOT WHILE X Glen Burnie, Anne Arundel, Md street buriol, 22a. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection . Inquiry . and in my opinion Suicide . Hamicide | Undetermined manner death resulted fram: Natural causes | Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER X 22b. DATE SIGNED O DEPUTY 5/12/68 Werner U. Spitz, DEPUTY MEDICAL EXAMINER 5 moy 10 FUNE **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar caunty)

23c. NAME OF CEMETERY OR CREMATORY

VR A15ME (5)

24. FUNERAL DIRECTOR

23b. DATE

23a. BURIAL, CREMATION

DEMOVAL (Specify)

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City ar Tawn)

25b. REGISTRAR'S SLONATURE

(State)

(County)

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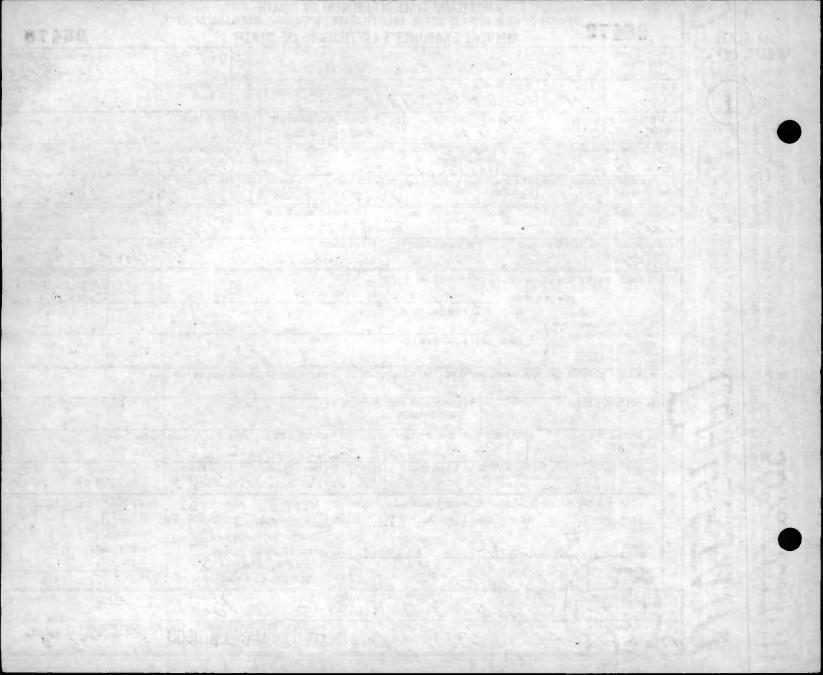
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(-)	T+	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	TO	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	479
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day Y	eor 2b. HOUI
of ge	((Type or Print) Leroy DEATH MATED 5-26	168 10
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delay and 3 M3. P			68 10
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s after 18. Gir 18. Gir 9 olong 2 with death.		a. USUAL RESIDENCE (Where decrosed lived, if institution: Residence before 13c. CITY OR TOWN) 75d. INSIDE CITY LIMITS? 13b. COUNTY 13c. CITY LIMITS? 13c. STREET AND NUMBER	12/2/
2 v de 0	ų,	domission) STATE MS 130. COUNTY YES NO 70 / 150 (8)	M 00/00/
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be executed within "pending" in pencil nief Medical Examine onsit permit. File pogevent within 72 hou		18. CAUSE OF DEATH (Enter only one couse per line far (o) (b), and (c).)	OXIMATE INTERVAL
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wr Wr USe	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. A WAS PERFORMED?	UTOPSY?
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iffice d b		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 11b. TIME OF INJURY Month, Doy, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of paiers in Part 1 or Part 2, them 18.)	
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AIN 33 33 33 33 33 33 33 33 33 33 33 33 33	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.) 21f. LOCATION Street of R.F.D. No. City or Town County	State
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L EXA ecute or you or you or you	16	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and	in my opinio
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DEPUTY DICA cessary, please e e funeral director may be retained FUNERAL DIRECT		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	
no. DEPUTY DICAL EXAMINER: This certifican necessary, please execute the certificate, writing the funeral director. Page 4 should be forwarder 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as Health prior to buriol, cremation, or removal, a	230		(5+0+2)
H H	200	(County) REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County)	(Stote)
2	24	1. FUNERAL DIRECTOR ADDRESS ADDRESS 1250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15ME (5)	X	Robert & William 1701 D Bond State Ja MAY 29 1968 Clientes Ju	de .
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THE COURSE HERE THE STATE OF TH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05480 CERTIFICATE OF DEATH Middle Lost 2o. DATE OF DEATH 2b. HOUR Sally A. Denn DEAN 70 Year 68 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. 12-26-1891 lost bighdoy) White 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED United States Anne Arundel WIDOWED T DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND/OF BUSINESS OR give street oddress)North Arundel during most of working life, even if retired.) Ret. Housewife INDUSTRY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Arundel Epping Forest Rd. Annapolis Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 16h SOCIAL SECURITY NO INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO F YES [

requires that the deoth certificate be executed within 24 hours after death and completely filled in by the funera Female haurs 7o. BIRTHPLACE (Stote or foreign country) Kentucky 10. CITY OR TOWN OF DEATH corbon Glen Burnie in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE Md. remove 14. FATHER'S NAME First pleose andi 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give war or dates of service) or removal, signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremation, Conditions, if ony, which gove) rise to immediate couse (a). stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to has been CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town Stote County While Not while of work 22a. I certify that (I) (this hospital) ottended the deceased from 19.68, and that in (my) (aur) apinion death occurred on the date and hour and from the pe plnods 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE (County) ADDRESS REC'D BY REGISTRAR

06474

First

DECEASED-NAME

(Type or print)

3. SEX

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 7, 12, 14 CERTIFICATE OF DEATH 8 kgc DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type ar print) Month John Felton S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years lost birthday) Male Negro K/A/17 J. QYRS 70. BIRTHPLACE (State or fareign country). Carolina 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [Unknown WIDOWED | USA Anne Arundel ID CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)

1. Mark 10 1/4 Chauffeur

INSIDE CITY LIMITS? 13e. STREET AND NUMBER give street oddress) Crownsville Crownsville State Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY NO Baltimore Maryland 3015 Bateman Avenue 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First First Quention Unknown Felton Ethel Mullen 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, na, ar unknown) Crownsville State Hos unknown unknown Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: CARCINOMA OF IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) (b) GREANIZING BRONCHOPNEUMONIA rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART. 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CACHEXIA: DEHUDRATION: CERTIFICATION 20a. AUTOPSY?

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g, DATE OF OPERATION

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY

Manth Day Year

(AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) City or Town

5/3

Stote County

06482

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

Year

IF UNDER 1 YEAR

INDUSTRY

MONTHS

2b. HOUR

HOURS

While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 12/17

saw the deceased alive an 5/3/ _19_68, and that in (my) (aur) apinian death accurred an the date and have and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE

ATTENDING PHYS.

ليجا DIRECTOR

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STAFF PHYS. 22c. DATE SIGNED 5/3/68

. 1968

22d. PHYSICIAN'S NAME (Type) 23g. BURIAL CREMATION.

REMOVAL (Specify)

Benedict 23b. DATE

234 NAME OF CEMEPERY OR CREMATORY

DEGREE

22e. ADDRESS

Crownsville State Hosp., Maryland 23d. LOCATION (City ar Town)

(County) (State)

VR A15 (4)

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O FUNERAL DIRECTOR: After this certificate has been

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

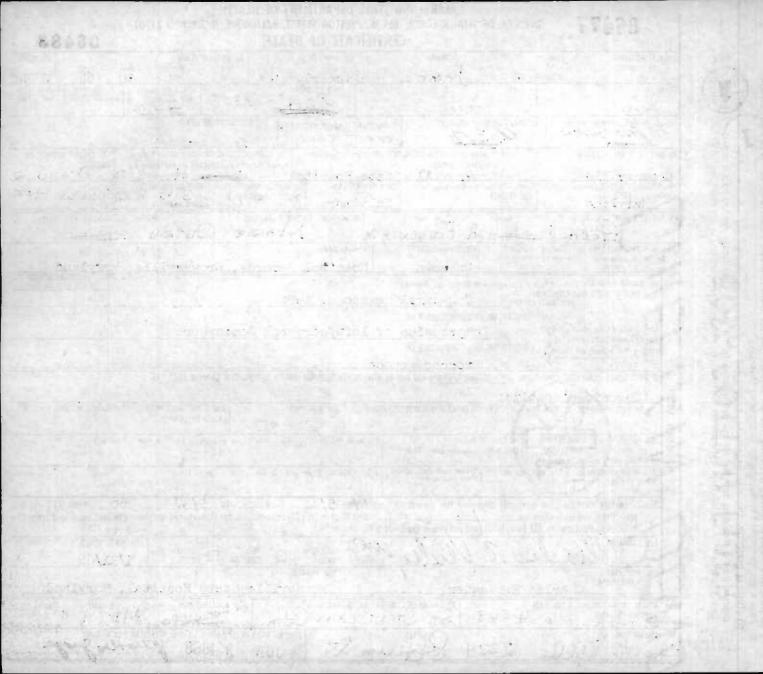
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24. FUNERAL DIRECTOR

25g. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06477 CERTIFICATE OF DEATH 08483 Middle 2a. DATE OF DEATH 2b. HOUR First Last DECEASED-NAME 24 hours after death. (Type ar print) Manth Day AME 3:558 Gerald Finnerty 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE last birthday) HOURS Male White 7a. BIRTHPLACE (State ar fareign cauntry) 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED filled in WIDOWED [DIVORCED [Halmown Anne Arundel 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR the death certificate be executed within during most of working life eyen if retired.) give street address) ŧ. physician and campletely feen please remave carban HUCKSTER Crownsville State Hospital Crownsville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY NO YES 🗀 Baltimore any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME first Middle ARIE TERALD Underwown Pinnorty 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na, ar unknawn) Unknown attending phys permit. Then p Hospital Records, Crownsville, Maryland Unknown 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Sub-dural Hematoma, left IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gave) Compression of left cerebral Hemisphere that rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause Bronchopneumonia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been Chronic alcoholism 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES_ NO T this certificate the hospital ar 21g. ACCIDENT WAS UNDERLYING 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while at wark TO FUNERAL DIRECTOR: After 22a. 1 certify that (1) (this hospital) ottended the deceosed from saw the deceased alive an 5/30 19 68, and . 19.68_, to 5/30 . 1968 5/4 be retained by __19_68, and that in (my) (aur) opinion death occurred on the date and hour and from the , page 3 shauld be filed with the 9 causes stated abave, (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE **ATTENDING** 5/31/68 PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Crownsville State Hospital, Maryland director, should be Charles R. Venter. M. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION 23b. DATE (State) -68 BEMOVAL (Specify) WID STAUISLAUS SALTO 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI FUNERAL DIRECTOR SOM REVI 1968 DATEJUN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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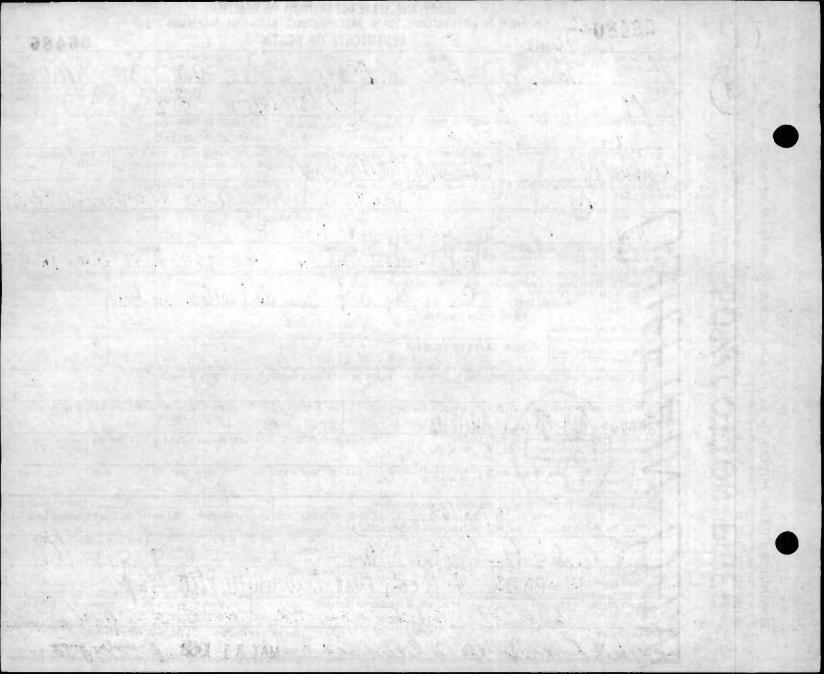
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PH e h	etached Dept. o	100	MEDICAL	20c. TIME OF INJU	URY Month, Doy, Year	20d. INJURY OCCU		ACE OF INJURY (Home, fo		(City or town)	(County)	(State)
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OR ATTEN be retained DIRECTOR:				22o. SIGNATURE	han 111	11		ATTENDING	MED.	STAFF	22b. DATE SIGN	ED / C)
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HOSPITAL OR ige 4 may be FUNERAL DIRI	r, p	^		NAME (Type)	JOSE M.	YOSUICO.	M.D.	Box 534	Jessi	ip, Mary	land 20	794
e 4	ect l		230	BURIAL, CREMATIC	ON, 23b. DATE THE	REOR C 23c. NA	AME OF CEMETERY OR	CREMATORY 1	23d. LOC	ALION (City or Tow	n) , (County) (State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08485 DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR A (Type or print) Month law requires that the death certificate be executed within 24 haurs after deat 17, 1968 Evelvn Beatrice FLYNN May 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF HINDER 1 YEAR IF UNOER 24 HRS. lost birthdoy) HOHRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State of) foreign B. MARRIED NEVER MARRIED physician and campletely filled in WIDOWED | DIVORCED | Anne Arundel County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** please remave carbon ANNOPOLIS Housewife 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY CROWNSVille YES 🗌 NO.Z NONE 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle checca 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address I (If yes give war or dates of service) Yes, no, or unknown) Tom SEVERNA ar remaval, IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (1).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) attending p O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? ad far use af Health p YES 🔲 NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 06 19 22o. I certify that (I) (this hospital) oftended the deceosed from____ and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive oncouses stoted obove, (I) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) CHUNCH director, 23g. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or, Town) (County) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR AT 30M REV.

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				Fames F. CERTIFICATE OF DEATH 06486
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requires that the death certificate be executed within 24 hours after death	the attending physician and completely filled in by isit permit. Then please remove carbon popers. Partion, or removal, and in ony event, within 72 hou	30	13a. admi	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. STATE NO 13c. NO 13c. NO 13c. NO 13c. NO 13c. STREET AND NUMBER 13c. AV. PAHELES NO 13c. AV.
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O HOSPITAL OR ATTENDING PHYSICIAN: The low	Page 4 may be retained by the haspital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn Caunty State at wark at wark
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16487 CERTIFICATE OF DEATH 487 DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR meral (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter last bitheay) MONTHS HOURS YRS 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED T DIVORCED [physicion and completely filled dod 10/TITY OR TOWN OF DEATH MAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af wasking life even if retired.) remove carbon 136, USUAL RESIDENCE (Where deceased lived, if Institutions Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmissian) STATE 13b. COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) FREEMA removol APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremotian, DUE TO, OR Conditions, if any, which gave burial-transit rise ta immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF ottending physicion. stoting the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔀 YES 🔲 of Heolth be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street ar R.F.D. Na. City or Town County State OFFICE BUILDING FTC While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1961, and that in (my) (our) opinian death accurred an the date and have and fram the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. director, page 3 should be filed w DEGREE DIRECTOR PHYS. 22e. APDRESS 22d. PHYSICIAN'S

NAME OF CEMETERY OR CREMA

LOCATION (City, or Town)

250. REC'D BY REGISTRAR 96825b. REGISTRAR'S SUNATURE CO.

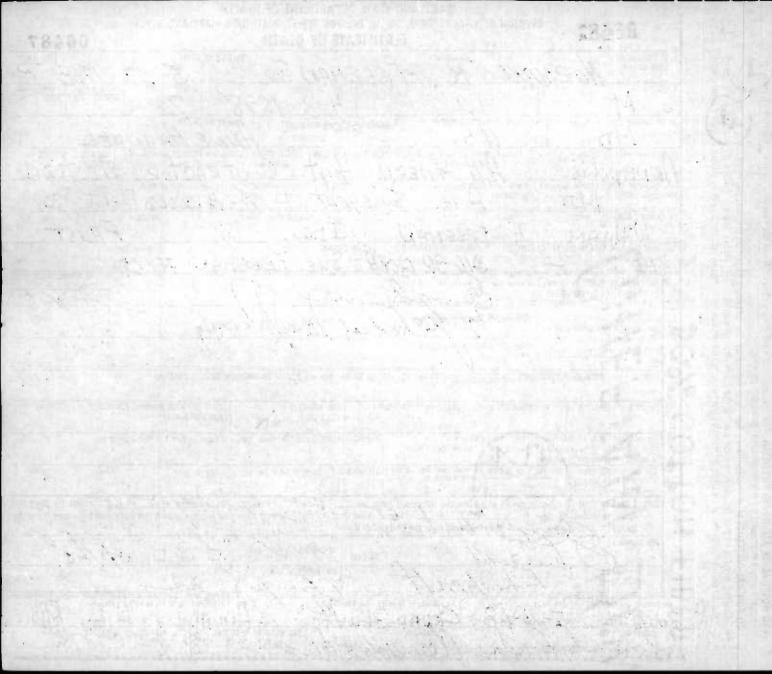
30M REV. 1/68

NAME (Type)

23a. BURIAL, CREMATION

REMOVAL (Specify)

FUNERAL DIRECTOR



DIVISION_OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Il per telepternficate of DEATH 06488 DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR (Type or print) Year 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS HOURS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED S NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) during most of working life, even if retired.) **INDUSTRY** R1065 HOMEMAKER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNT EVERNA YES S NO T R1665 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Lost Meyer L0015 KRAUSE LOUIS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (a) DUE TO, OR AS & CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO R 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC. While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from Fell (27) -4-68 19 and that in(my) (our) apinian death accurred on the date and haur and from the saw the deceased alive on. causes stated abav. (1) (we) (did) did not) view the body after deoth. 22c. DATE SIGNED 22b_SIGNATURI ATTENDING STAFF PHYS. DEGREE PHYS. DIRECTOR 22e. ADDRESS PHYSICIAN' NAME Type 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Baltimore. Md. Loudon Park 5/9/ 2So. REC'D BY REGISTRAR 1905 York Rd. Sons Co.

requires that the deoth certificate be executed within 24 hours ofter deoth be retained by the hospital or ottending physician. ATTENDING PHYSICIAN: Poge 4 may b

l and

completely filled in by the corbon papers. Pag

signed by the attending physician and complete buriol-tronsit permit. Then pleose remove corb burial, cremation, or removal, and in any event,

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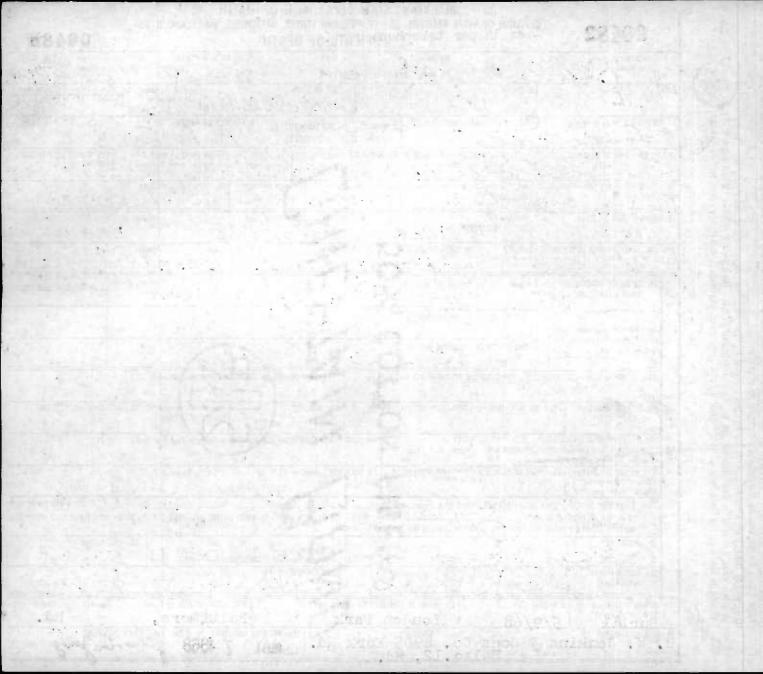
, page 3 should be filed with the

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30M REV. 1/68

O FUNERAL DIRECTOR: After this certificate has been

With



08483 SED-NAME

Pages 1 and 2.

10

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter seoth.

Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond complekely filled director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon pape should be filed with the Stote Dept. of Heolth prior to burial, cremotion, or removal, ond in any event, within 7

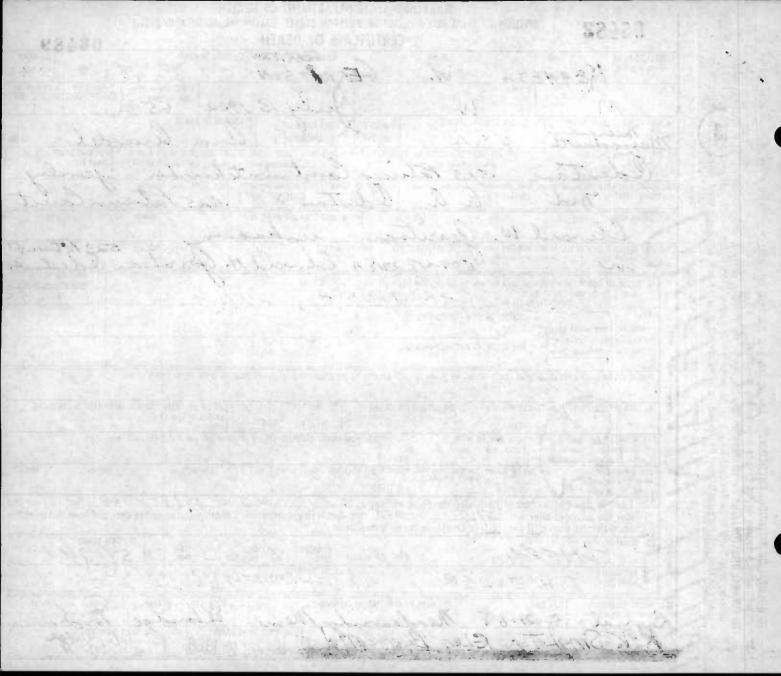
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

										3.1 (3.64)	0.3
	ECEASED-NAME Type or print)	First		Middle	1	Lost GERR 17	SON 2a.	DATE OF DEATH	th. Day	Yeas	2b. HOUR
		ENNE	TH	W.	5-61	RRITSO	N	. 5	18	6.8	3 A M
. SI	X		4. RACE	1	S.	TE OF BIRTH			(In years rthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	M		V	V		July 1	13/19		YRS.	months DATS	HOURS MIN.
	BIRTHPLACE (State ar f	oreign 7b	. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARTIED	9. CO	UNTY OF DEATH	1		
	nassachu	retto	05,	4	WIDOWED		U	nne	dru	rdel	Md.
	THY OP TOWN OF DEA	TH		OF HOSPITAL OR INS	STITUTION (If not i	n hospital 12a.	USUAL OCC	UPATION (Kind of	wark dane	12b. KIND OF INDUSTRY	BUSINESS OR
ł	Oden	tan	give street	et address Patr	uia (auit 1	ng mast of	warking life, eve	rit retired.)	Lew	elu
3a.	USUAL RESIDENCE (WI			Residence before	13c TOY OR TO	WN 13d. INSIDE	CITY LIMITS?	13e. STREET AND	NUMBER	0 0	, 1.
uiii	ISSIOIL) STATE	nd	13b. COUNTY	a	Cder	itan YES	NO 🗌	5251	alre	cin Co	wit
4.	ATHER'S NAME F	irst	Middle	7 Last	1S. A	OTHER'S MAIDEN NA	ME First		Middle		Last
	Edu	rand	- w. C	territs	an	unk	ena	my .		V	
	WAS DECEASED EVER	IN U.S. ARMED (If yes give war or		b. SOCIAL SECURITY N	NO. 17. INF	ORMANT		, 1	Address	523 la	tuesa
	es, no, ar unknawn)	(ii yes give wai oi	4	79-48	27/8 A	Edwa	14	· Gerr	itsa,	- Old	entant
	18. CAUSE OF DEATE	H (Enter anly a	ne couse per line f	far (a), (b), ond (c).)			0		APPROXII BETWEEN O	MATE INTERVAL INSET AND DEATH
	PART I. DEATH \	WAS CAUSED B'	Y: CAUSE (a)	CARCI	NOW	A	401	NG		1	YEAR
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	Conditians, if any, w										
	rise to immediate a stating the underlyi		(b) DUE TO, OR AS A	A CONSEQUENCE OF							
	last.	ing coose	(c)								
	PART 2. OTHER SIGNI	FICANT CONDIT	IONS CONTRIBUTING	G TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASI	E OR CONDIT	ION GIVEN IN PAR	1(a)		
~	163 X										
ATIO	19a. DATE OF OPERATION	ON 19b. CON	IDITION FOR WHICH	OPERATION WAS PER	RFORMED	20a. AUTOPSY?				ONSIDERED IN CI	ERTIFYING
CERTIFICATION	1 22					YES N	10 🔲	CAUSES OF DEAT	Н?		
	210. ACCIDENT WAS		21b. TIME OF IN		21c. HOW	INJURY OCCURRED	(Enter natur	e of injury in Port	1 or Part 2,	Item 1B.)	
MEDICAL	OR CONTRIBUTING (If either, notify med			Month Day Yeor							
MEL	21d. INJURY OCCURR	ED 21e. PLA	CE OF INITIRY / AT	HOME, FARM, STREET, FAC		TION Street or R.F.	D. Na.	City ar Tawn		County	Stote
	While Nat while at work		(0):	FICE BUILDING, ETC.	1						
	22a. I certify the	at (1) (this I	naspital) attend	ded the decease	ed from	7	1967	ta_5//	P 19	68 that	(I) (we) last
	saw the de	ceased alive	e an 5/1	5	96 6, and t	hat in (my) (aur) apinian	death accurred	an the do	te and haur	and fram the
		ed abave, <u>(</u>) (we) (did) (di	d nat) view the l	bady after de	ath.					
	22b. SIGNATURE	110	7.1		. m	ATTENDING #	MED.	STAFF	22c.	DATE SIGNED	10
	1	1781	ay	-	1 D DEGREE	PHYS.	DIRECTO	R PHYS.	U 5	11/16	> (
	22d. PHYSICIAN'S NAME (Type)	7:4	ELDE	ER		22e. ADDRESS	115TL	ETUE S	PR. R	D	
		/ ///				1/-		LAUR			
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DAT		23c. NAME OF	CEMETERY OR CR			LOCATION (City o	r Tawn)	(County)	(Stote)
4	urial	5-0	21-68	Merd	aured	ge Ken		Else.	ge	IN	
24.	ROLL SI	nale	on Gi	en En	enie M	250. RE	C'D BY REGI	ISTRAR 2Sb.	PEGISTRAR'S	GNAICKE	ge.
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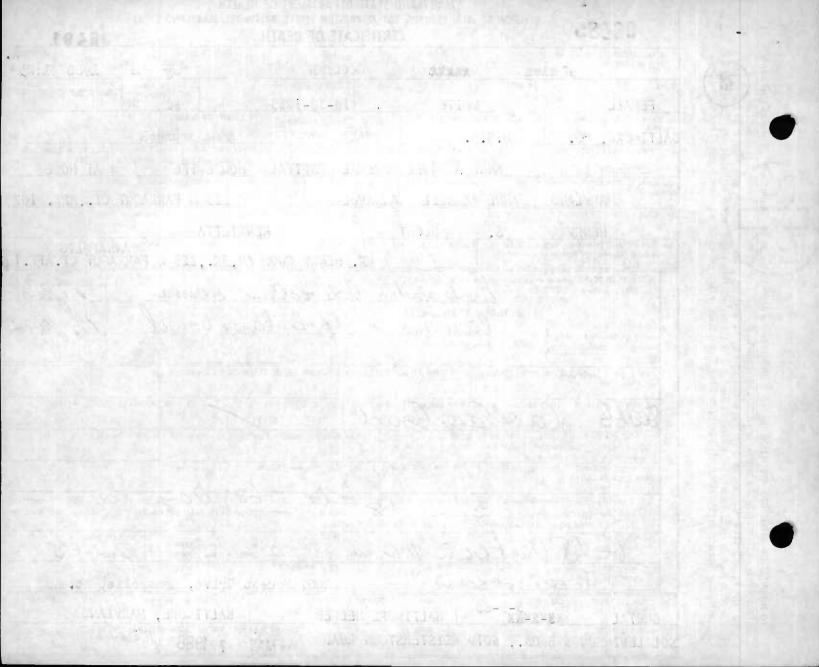


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06484 06499 CERTIFICATE OF DEATH 2b. HOURA Middle Lost 2o. DATE OF DEATH DECEASED-NAME First The law requires that the death certificate be executed within 24 haurs after death Month 1968 (Type or print) GLADDEN physician and campletely filled in by the funera Girault 8:50 M Margaret Mav S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE 3. SFX MONTHS I DAYS HOURS af 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7o. BIRTHPLACE (State or foreign country) / Anne Arundel DIVORCED \ WIDOWED [120. USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 103 CITY OR TOWN OF DEATH during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO and in any 5. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no or unknown) (If yes give wor or dotes of service) burial, crematian, ar remaval, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: strevatular IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE DRCDNDITION GIVEN IN PART 1(a) detached far use as the te Dept. af Health priar ta **DIRECTOR:** After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 19o, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗍 NO F 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote 21d. INJURY OCCURRED While Not while of work 220. I certify that (I) (this hospital) attended the deceased from the deceased of the sow the deceased alive on 1968, and that in (our) opinion death occurred of ____, 19<u>68</u>, that (1) (we) last 1968, and tho (in (my) (our) opinion deoth occurred on the dote and hour and from the couses stoted obove (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR eltsdervan DEGREE directar, page 3 shauld be filed v 22e. ADDRESS FUNERAL C 22d. PHYSICIAN'S 1407 Forest Drive, Annapolis, Md. John L. Hedeman, M.D. NAME (Type) 23c. NAME OF EMETERY OR CREMATORY LOCATION (City or Town) 23b. DATE **BURIAL, CREMATION** REMOVAL (Specify)

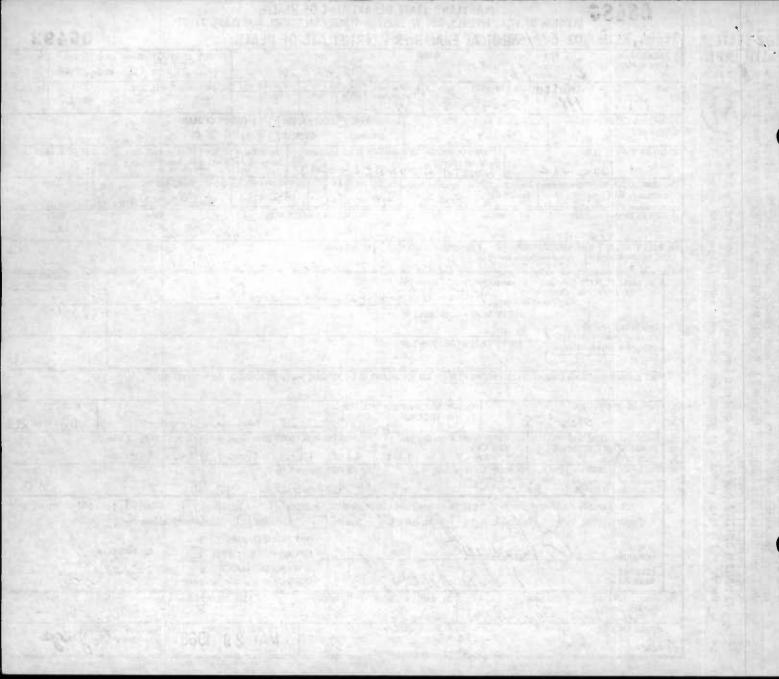
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06425 CERTIFICATE OF DEATH First Middle Lost 2g. DATE OF OFATH 2b. HOURA DECEASED-NAME requires that the death certificate be executed within 24 haurs after death (Type ar print) H elen GOODMAN texet 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) IF UNDER 1 YEAR FEMALE 10-30-1885 WHITE YRS. hours and campletely filled in by 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED BALTIMORE, MD ve carban papers. event, within 72 h U.S.A. WIDOWED Y Y DIVORCED [Anne Arundel 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR **INDUSTRY** Annapolis AT HOME 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ARUNDEI ANNAPOLIS 225 B FARRAGUT CT. APT. 107 any 14. FATHER'S NAME First Lost 1S. MOTHER'S MAIDEN NAME First HENRY HECHT HENRIETTA 16b. SOCIAL SECURITY NO. 17. INFORMANT Address ANNAPOLIS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service) burial, crematian, ar remaval, MR. HENRY GOODMAN JR. 225 B FARRAGUT CT. APT. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR. Conditions, if ony, which gove rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 196. DATE OF OPERATION 20h IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Dov (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from the lar. 1908, ta / May and that in (my) (eur) apinian death accurred an the date and have and fram the saw the deceased alive an____ be retained (auses stated abave, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S PETER F. VERKOUW 1407 Forest Drive, Annapolis, Md. 23d. LOCATION (City ar Town) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BALTIMORE, MARYLAND BALTIMORE HEBREW 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25g. REC'O BY REGISTRAR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 1988 DATE MAY

MARYLAND STATE DEPARTMENT OF HEALTH



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		16492
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day	Year 2b. HOUR
in a 6 4	(Type or Print) Dennis w. Green OF ESTI- 5 26	168 12M
detay M3.70	3. SEX 4. RACE White S. DATE OF BIRTH 6. AGE (in years lost bighthody) 6. AGE (in years lost bighthody) MONTHS DAYS HOURS MIN Month Day 2 6 Year	ar 68 2d. HOUR
P. P	7/1 7/183.	1983 M
	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? (auntry) Maryland 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. 6. 6. 6.	Md
ath fath Stat		ND OF BUSINESS OR
the wife	Glen Burnie give street oddjess) ARUNDEL-HOTP during most of workinglife, even if retired.) INDUSTI	24/00/
This certificate should be executed within 24 haurs after death icate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm 18 be used as a burial-transit permit. File pages land 2 with the State fear remayal, and in any event within 72 haurs after death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
n 13 ice ice der d	14. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Last
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hin 24 ncil in niner's pages haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or funknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT	The state of the s
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his on the fall be un rem	196. CONDITION FOR WHICH OPERATION S126 158 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	YES 🔲 NO 🔀
INER: This certificate, write certificate, write should be farwar files. 3 should be used attion, or remova	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
IINER: ne certifi shauld liles. 3 shauld natian, a	CAUSE OF DEATH P.M. 5-26 1968 Leel Cine Slass Varia hore	
ICAL EXAMINER: execute the certifor. Page 4 should ad far your files. CTOR: Page 3 should burial, cremation,	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, foctory, office building, etc.) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn Country of the country	State U.D.
L EX. cecute Page far ye ye Po		and in my opinian
bical Examiner: se execute the certification. Page 4 should ned far your files. ECTOR: Page 3 should buried, cremation.	death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner	ma in my opinian
direction to the control of the cont	CHIEF MEDICAL EXAMINER	101
7 7 7 7 7	ACTUAL SIGNATURE	18
	EXAMINER'S NAME (Type) E. L. N. M. R. C. A. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, ar caunty)	412
TO D nece the 5 m 70 FL	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY / 23d. LOCATION (City or Lown) (County	(State)
DP	Buria May 29, 1968 Glen Haven Nem. Park Glen Burnie,	Md.
VR A15ME (5)	24. FUNERAL DIRECTOR Singleto ADDRESS TUNEER HOME 250. RECIDENT REGISTRARY SIGNATURED PATE MAY 29 1968	Judge .
10M REV. 1/68	CALLEN TOURNIE, I III - INIII	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06487 CERTIFICATE OF DEATH

06487	DIVISION OF THAL REC		TE OF DEATH	more, marriant 2120	0649	93					
1. DECEASED-NAME Firs (Type or print)			Last	2a. DATE OF DEATH Manth	Day Yeor	26. HOUR 2:15A M					
Jasper 3. SEX		Gree		L 102 (1)	1 60	IF UNDER 24 HRS.					
3. 3EA	4. RACE	,	. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.					
Male	Negro		4-6-1890		rrs.						
7a. BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH							
country) Md	U.S.A.	WIDOWED	DIVORCED	Anne Arunde	1	Md.					
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPIT	TAL OR INSTITUTION (If nat	in haspital 12a. USU	AL OCCUPATION (Kind of work do							
Nr Annapolis	give street oddress) Bay Mar	nor Nursin	ng H Con	ost of working life, even if retire struction	d.) INDUSTRY						
13a. USUAL RESIDENCE (Where deceded	osed lived, if institution: Residence 13b. COUNTY	e before 13c. CITY OR T		• [
Md Md	A.A.	o Annapo	YES N	0□ 8 Cornhi	ll St						
14. FATHER'S NAME First	Middle		MOTHER'S MAIDEN NAME I			Last					
Jasper	NMN Gre	en	Mi	llie NMN	Harr	4 -					
16a. WAS DECEASED EVER IN U.S. AR			ORMANT		Annapol						
Yes, no, or unknown) (If yes give	war or dates of service)	05. 7077 5	Posts T C	E47 C	Annabol	Ta , IMICI					
			OSIS J. C	reen 541 Seco	APPROXIM	VATE INTERVAL					
18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	only ane cause per line for (a), (b)		, , ,	A Disease		ISET AND OFATH					
IMMED	kuf	Lucien									
4129	4/29 DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if any, which gave	Conditions, if any, which gave										
	rise to immediate cause (o), (D)— DUE TO, OR AS A CONSEQUENCE OF										
last.	stating the bridging cause										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
11200 6	1/2006										
3 4000 0 Can	4000 bangress of tola										
190. DATE OF OPERATION 191	CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a. AUTOPSY?	CALICOS OF DEATHS	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIF CAUSES OF DEATH?						
			YES NO	CAUSES OF DEATHS:							
			V INJURY OCCURRED (Ente	er nature of injury in Part 1 ar Por	† 2, Item 18.)						
Grant Reput Ing Cause of or of the control of the c	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year										
21d. INJURY OCCURRED 21d	e. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	. STREET, FACTORY, \ 21f LOC	ATION Street or RED No	1. City or Town	County	Stote					
While Not while	OFFICE BUILDING	6, ETC.	311011 01 11.1.0.110	a city of town	200111	0.0.0					
	at work of work										
22a. I certify that (I) (F	22a. I certify that (I) (this hospital) attended the deceosed from 7/10, 1967, to 5/13, 1968, that (I) (we) last										
causes stated above	saw the deceased alive an19 60, and thot in (my) (our) opinion death accurred an the date and haur and fram the causes stated obove, (1) (did) (did nat) view the body after deoth.										
22b. SIGNATURE	c, (i) project did not yet	ew me body direr de	.0111.		22c. DATE SIGNED						
Kieliard	f. Hocken	DEGREE	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	-11-1	6					
22d. PHYSICIAN'S NAME (Type)	0 4.1	7. 1	22e. ADDRESS	A . A	1.07	1					
11913			16 Murera		5113,0	-e					
PEMOVAL (Specify)		NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County)	(State)					
Burial 5	-16-68 Br	ewer Hill		Annapolis	A.A.Co	Md					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 sector, but the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

24. FUNERAL DIRECTOR

2Sa. REC'D BY REGISTRAR 1968

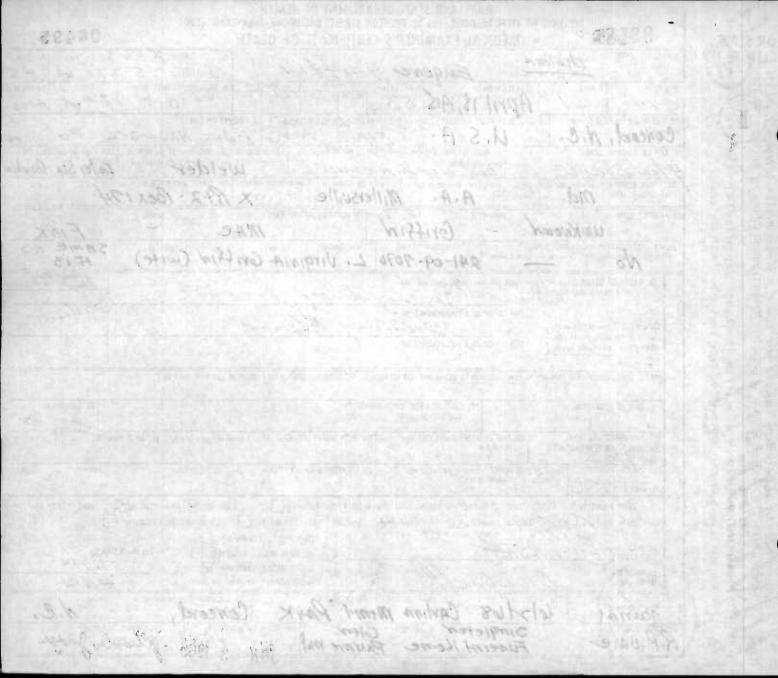
25b. REGISTRAR'S SIGNATURE Clarles

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16494 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME Middle 2a. DATE KNOWN First Manth Year 2b. HOUR (Type or Print) OF FSTI Page GRECN 9 18 DEATH MATED 30 IF LINDER 24 HRS 4 RACE S. DATE OF BIRTH AGE |In years DATE PRONOUNCED DEAD 2d. HOUR 3. SEX puo 2-21-17 Depart 2 MARRIED THEVER MARRIED 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT GOUNTRY? in Item 18. Give Pages 1, form (duntry) WIDOWED [DIVORCED with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR should be forworded to the Chief Medical Exominer's Office olong with 10 CITY OR TOWN OF DEATH give street address) during mast of warking life, even if retired.) ANDUSTRY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissian) STATE 13b. COUNTY MACO NO DE YES [hours land 2 \ after IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME last Middle First poges hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SQCIAL SECURITY, NO. 17. INFORMANT This certificate shauld be executed within pencil (Yes, no, or unknown) File .⊆ APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise ta immediate cause (a). writing the word any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse . PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 removol CERTIFICATION be used 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES | 10 21a. EXTERNAL CAUSE WAS 21b, TIME OF INJURY Manth, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) may be retained for your tites. FUNERAL DIRECTOR: Page 3 should MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING SICAL EXAMINER: cremotian, CAUSE OF DEATH 21d. INJURY OCCURRED City ar Tawn 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Na. County State factory, office building, etc.) NOT WHILE AT WORK 22a. I certify that I taak charge of the remoins described above, held an Autopsy . Inspection -Inquiry and in my apinian the funeral director. deoth resulted from Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, tawn, ar caunty) 50 MAME OF CEMETERY 23d. LOCATION (Lity or Tow 23g. BURIAL CREMATION 23b. DATE CREMATORY NERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) DATE 10M REV. 1/68

ALE DELIMER PLANTED SET & PROPERTY OF A STREET COLUMN PROPERTY OF A STREET 26996

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06495 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE KNOWN 2b. HOUR Month Year (Type or Print) any delay is 2 and 3 ta PMS, Page ESTI-LUGENE DEATH MATED 4. RACE AGE (In years 3. SEX DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR land 2 with the State Depart 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED [LUC ARUNDEL Item 18. Give Pages after death 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done farwarded to the Chief Medical Examiner's Office along with give street oddress! KRUNDEL death. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY illersuille YES [haurs after 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT pencil be executed within (Yes, no, or unknown) L. VIYGINIA -04-7070 File 2 within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).) burial-transit permit. BETWEEN-ONSET AND DEATH pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o). This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 SD or remayal, be used CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES [shauld be 210 - EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M EXAMINER: crematian, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote FUNERAL DIRECTOR: Page foctory, office building, etc.) AT WORK AT WORK Page 220. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔀 Inquiry. ond in my opinion the funeral directar. deoth resulted from: Notural couses Accident . Suicide [Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** NAME (Type ADDRESS(Street, city, town, or county) 0 BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) VR A15ME (5) 10M REV. 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME First 2o. DATE OF DEATH 2b. HOUR (Type or print) AMUEL IF LINDER 1 YEAR 3. SFX 6. AGE (In years lost birthdoy) White January 12, 1888 Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country Pittsburgh , Pa. U.S. Anne Arundel WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Box 291 during mast af warking life, even if retired.) INDUSTRY Pasadena . Silver Sands Chemical 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY nne Arundel Maryland Box 291 Silver Sands Pasadena 14. FATHER'S NAME Middle lost 1S. MOTHER'S MAIDEN NAME First Middle Lost William Gutelius Catherine Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 222-14-7805A Samuel P. Gutelius - same 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH S CAUSED BY: IMMEDIATE CAUSE (0) ACUTE MYOCARDIAL INFARCTION SUDDEN (b) ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gove) UNKNOWN rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO F 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HDME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from JUNE, 1966, to MAY 7, 1968, that (1) (we) lost sow the deceased alive an MAY 7, 1968, and that in (my) (out) opinion death accurred on the date and hour and from the causes stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR PHYSICIAN'S 22e. ADDRESS 22d. NAME (TYPE) RTHUR 2934 mountain Rd. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION 23b. DATE (Caunty) Cremation 5-25-1968 Loudon Park Cemetery Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Judge. Muzelen

George J. Gonce-4001 Ritchie Hgwy., Baltimore

law requires that the death certificate be executed within 24 haurs after death

physician and campletely filled in by then please remave carban papers. Pagoval, and in any event, within 72 haurs

permit.

burial-transit

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af Health

signed by

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30M REV.

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ATTENDING PHYSICIAN: The

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MARYLAND STATE DEPARTMENT OF HEALTH

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23c. NAME OF CEMETERY OR CREMATORY

Mount Carmel

ADDRESS

130 E. Fort Ave

23o. BURIAL, CREMATION

24. FUNERAL DIRECTOR

30M REV.

BEMOVAL (Specify)

23b. DATE

Mc Cully

27 68 23d. LOCATION (City or Town)

2So. REC'D BY REGISTRAR

8

Mt. Rd. A. A. Co. Md.

25b. REGISTRAR'S SIGNATURE

(County)

(Stote)

FOR STATE HEALTH DEPT. delay is 100 O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Department and

in pencil in Item 18. Give Pages 1, 2,

haurs after death.

Health priar ta burial, crematian, ar removal, and in any event within 72

CERTIFICATION

MEDICAL

This certificate shauld be executed within 24 hours after death

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

please execute the certificate, writing the ward "pending"

necessary, O DEPUT

DICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH DIVICION OF WITH DECORDO

0000		OF VITAL RECORDS, 3	OUT W. PRESTOR	SIRLEI, DALI	IMOKL, INA	KILMIND ZIZ	01	-		
0649	4	MEDICAL EXA	AMINER'S CE	RTIFICATE	OF DEAT	TH		-06	500	
DECEASED-NAME (Type or Print)	Leno		Middle	HAL		20. DATE K OF DEATH	ESTI-		Year 168	2b. HOUR
3. SEX	4. RACE	s. DATE OF BIRTH 10-3-43	6. AGE (In years lost birthday) YRS.	MONTHS DAYS	HOURS M	2c. DATE PR	ONOUNCED DEAD		or 168	2d. HOUR
70. BIRTHPLACE (Stote county) A. Co	MD	CITIZEN OF WHAT COUNTRY	Wido		ORCED 🔲		ARUNG		Cour	Yy Mi
	RNIE	give street oddres	OKTH FIR	on de	during mo	L OCCUPATION (Nest of working life	eyen if retire	ne 12b. KI d.) INDUST	ND OF BUSIN	NESS OR
130. USUAL RESIDENC odmission) STATE	E (Where deceased	d lived, if institution: Reside 13b. COUNTY		or town 13	d, INSIDE CITY LIMITS YES NO	1001 511121	AND NUMBER	on t	nE .	
14. FATHER'S NAME	First	Middle L	Lost	15. MOTHER'S MAI		irst H.	// Middle		Lost	
16o. WAS DECEASED EV (Yes, no, or unknow		RCES? 16b. SOCIAL 16 or dates of service)		BTRIC	IA H	lace:	ADDRESS 238958	AMOI	n Aa	Z
	EATH WAS CAUSED	E CAUSE (o) Mus	eliple	myun	i			Bi	APPROXIMATE II ETWEEN ONSET A	AND DEATH
rise to immedi	ny, which gove iote couse (o),	(b)						Ye	reple	~
stoting the un-)	DUE TO, OR AS A CONSI								
PART 2. OTHER S	SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEAT	H BUT NOT RELATED T	O THE TERMINAL D	ISEASE OR CONE	DITION GIVEN IN	PART 1(o)			

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M.

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.)

21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED

NOT WHILE

21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.

City or Town County

Stote

NO.

40

220. I certify that I took charge of the remains described above, held on deoth resulted from

19o. DATE OF OPERATION

Inquiry Undetermined monner

and in my opinion

(Stote)

20. AUTOPSY?

YES 🗌

ACTUAL

SIGNATURE **EXAMINER'S** NAME (Type)

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

Homicide

DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) 22b. DATE SIGNED 5-19-68 A ACO

(County)

BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Notwrol

23c. NAME OF CEMETERY OR CREMATORY

Suicide

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S

24. FUNERAL DIRECTOR ADDRESS

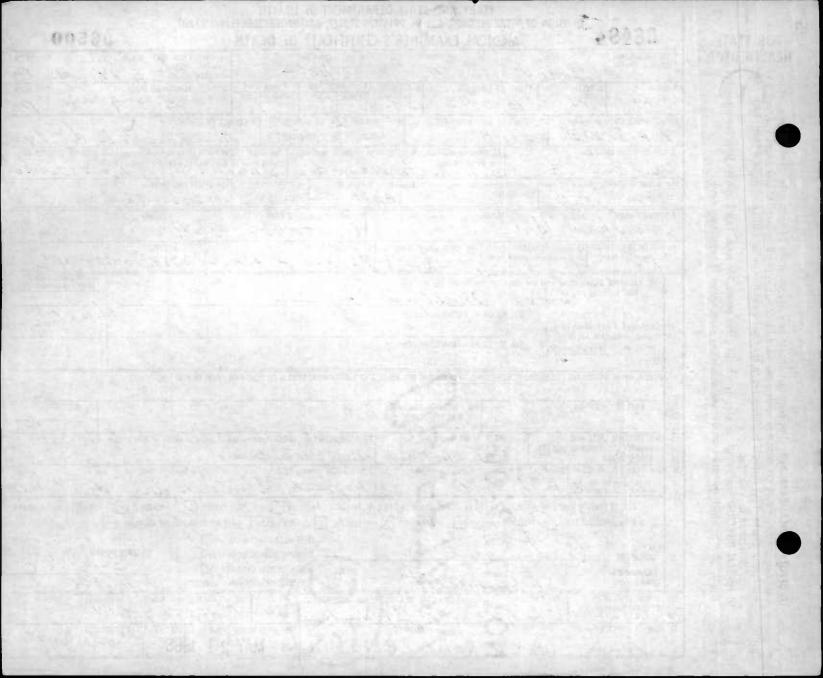
1968

23d. LOCATION (City or Town)

VR A15ME (5)

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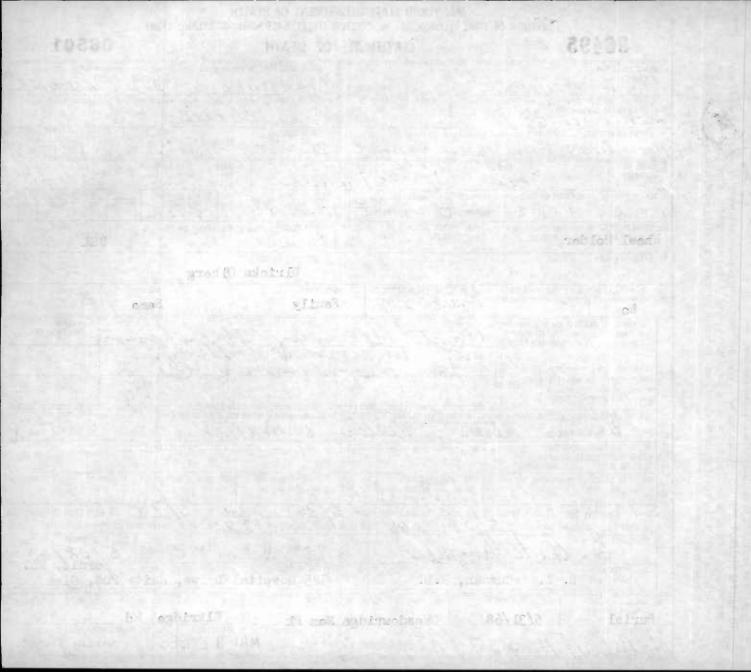
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

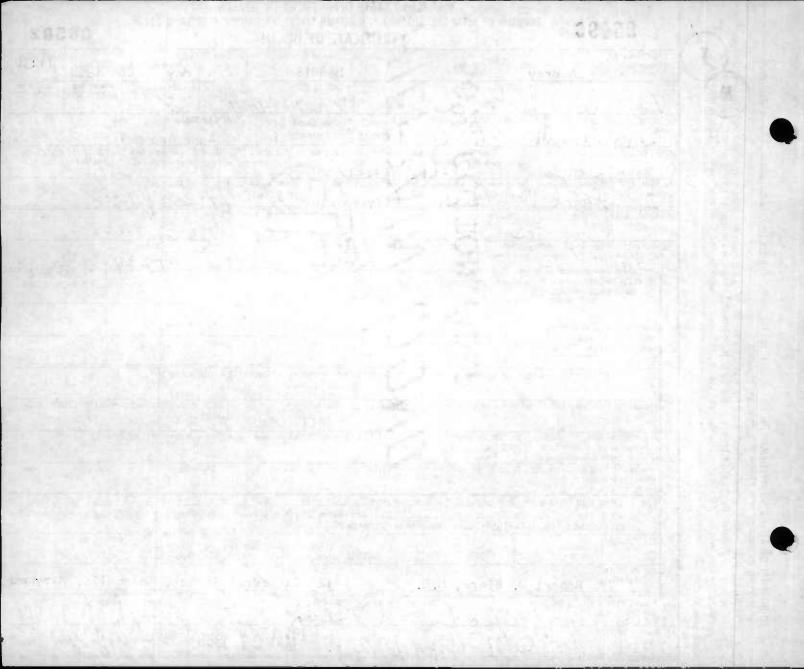
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DELOS the funeral ter death. within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carborn page shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 7 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

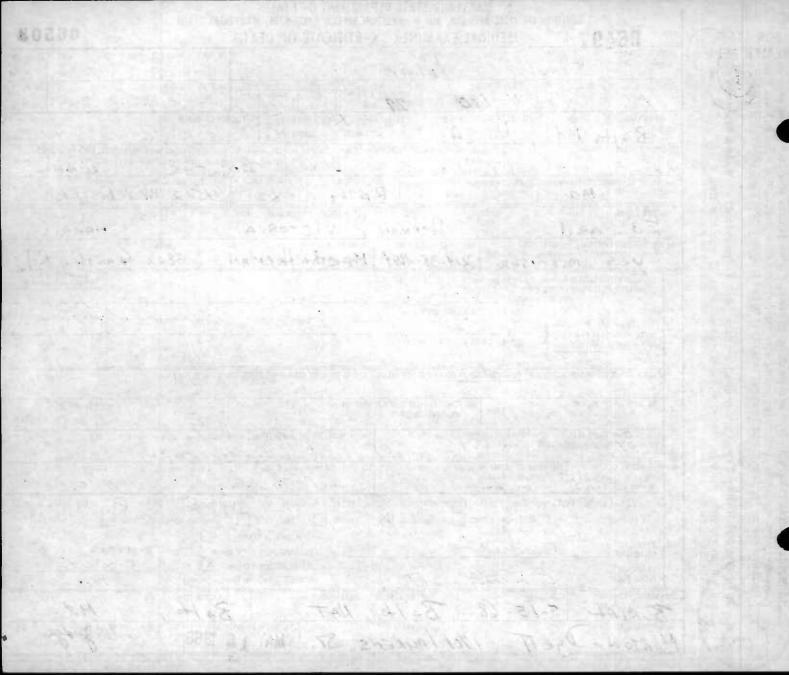
	1102	349		CERTIFI	CATE	OF DEATH			U	1000	9 8.	
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dece	osed lived, if institut	ion: Residen	e before	odmissi	on)
	O. COUNTY ANNE	ARUNDE	-(MARYL	AND	MARYLA	aus	b. COUN	INE	ARI	UND	EC
	b. CITY OR TOWN (I	f outside corporate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If au		rate limits, write RUF				
		give neorest tawn)				GLEN K	Bur	NE				
		AL OR INSTITUTION (If not	in hospital a	live street oddress)		d. STREET ADDRESS	OLC /C			e	. IS RESID	DENCE
1	LORTH ARU	. 1	ESCEN		R.		AUG	5. W.		V	ON A F	ARM?
3	NAME OF	Firs		Middle		Lost	4. DATE		h	Doy	Ye	
	DECEASED (Type or print)	TOHI		VICTOR	HAI	ENSTROM	OF DEAT	_		28	196	£ 1
	SEX	2000	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	DEAL	9. AGE (In years	IF UNDER	YEAR	IF UNDER	
1	IALE	WHITZ	WIDOWED	DIVORCED		10-19-85	-	last birthday) Z yrs.	Months	Doys	Hours	Min.
00	. USUAL OCCUPATION	(Give kind af wark dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar	foreign country)		IZEN OF	WHAT	
U	Wheel whol	Gran if retired)	IN	DUSTRY		SWEDZ	N		1	MISAS		
13.	. FATHER'S NAME			4 10 100		14. MOTHER'S MAIDEN	NAME					
						Ulrick	a 01h	erg				
		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ess .			
(1)	es, no, ar unknown)	(If yes give wor or dotes of	service) 2/	6-05-2119		Family		San	10			
_		ATH (Enter only one cause	per line for	(o), (b), ond (c).)			4	1			RVAL BET	
	PART J. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	uc	uti a	she	naug	Min	ompo.	els	UNS	SET AND D	HAIH
	4109	DUE T	o wit	the my	och	nding 1	int	weller				
	Conditions, if ony,)	hun Oh	B.B	nenmor	rea	(P)				
	stating the under		0									
	last. 42101) (:)									
2	PART II. OTHER SIG	GNIFICANT, CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELA	TED TO					19.	WAS AUT	OPSY ED?
A IIC	Ju.	eluc u	cen	, len	ela	ellerva	eleva	e.			S	NO NO
	20o. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OC	URRED.	(Enter noture of injury in	Part I or P	ort II of item 1B.)				
5		CAUSE OF DEATH MEDICAL EXAMINER)										
DICA S	20c. TIME OF INJU	IRY Month, Doy, Yeor				CE OF INJURY (Home, form ory, street, office bldg., etc.)		(City ar town)	(Cau	unty)		(State)
M	p.n	10	While of wark	Not While of work	1001	ory, sireer, office bidg., etc.		1-				
		y that (I) (this hasp			ram	3/10		ta_5/8				we) last
		teased alive an	5/28	19.68, a	nd tha	eath accurred at	3:30A	M, fram causes	and an th	ne date	stated	abave
	22a. SIGNATURE	/1 de	Mh.			ATTENDING A	MED.	STAFF _	22b. DA	TE SIGNE	0/	0
	X	· U · Cu	onzo	man	J. M		DIRECTOR	☐ PHYS. ☐	1 3	urni	16	d.
	22c. PHY\$ICIAN'S NAME (Type)	B. A. deGu	zman.	M.D.		22d. ADDRESS 325 Hospi	tal D	rive, Sui	_	_	len	10.
22					FRV OC					,		
131	 BURIAL, CREMATIC REMOVAL (Specify) 			23c. NAME OF CEMET				LOCATION (City or To		(Caunty)	(3	itate)
2	Burial 4. FUNERAL DIRECTO	5/31/	36	Meadowr	Ldge	Mem Pk	D BY REGIS		GISTRAR'S S	IGNATIID	F	
V	10 POLE	FH V	374	Patansa	20 0		MAY 3		Luca			445



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06496 06502 CERTIFICATE OF DEATH DECEASED-NAME First Lost 2o. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) May HARRIS Audrey 3. SEX 4_RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthdov) 9. COUNTY OF DEATH physicion and completely filled in by 7o. BIRJHPLACE (Stote or foreign CITIZEN OF WHAT COUNTRY? B. MARRIED T NEVER MARRIED country) WIDOWED [DIVORCED [Anne Arundel within 12o. USUAL OCCUPATION (Kind of work done IQ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL-OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress? during most of working life, even if retired.) INDUSTRY event, 13o. USUAL RESIDENCE/(Where deceased lived, if institution: Residence before 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY/ YES NO cremotion, or removol, and in any 14. FATHER'S NAMÉ Middle 15. MOTHER'S MAIDEN NAME First Lost 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) en attending permit. The 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH Dulmonom IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Hend Diseuse (miled sterosis signed by the burial-tronsit burial, cremoti Conditions, if ony, which gove) Khemo he rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [of Heolth O FUNERAL DIRECTOR: After this certificate by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) for OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work TENDING 22a. I certify that (I) (this hospitol) ottended the deceosed from—saw the deceased alive an—5724 an—1963, an 5/26 . 19 2 y . ta _____19_& y, and that in (my) (our) opinion death accurred an the date and haur and fram the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED Roll MED. DIRECTOR STAFF PHYS. DEGREE director, page should be filed PHYS. O HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 121 Cathedral Street, Annapolis, Maryland Robert O. Biern, M.D. direct 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23g_BURIAL, CREMATION, REMOVAL (Speciful FUNERAL DIRECTOR ADDRESS 25b, REGISTRAR'S SIGNATURE 30M REV.

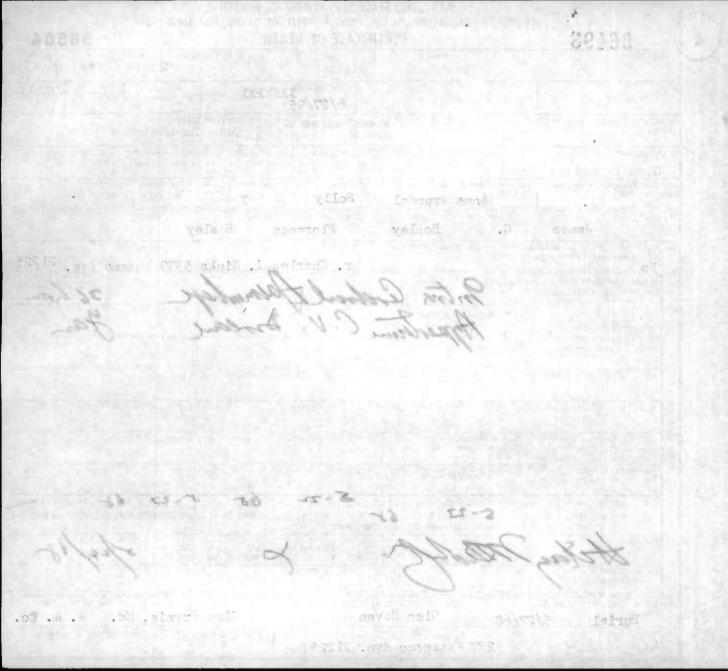


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06503 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH LTH DEPT 1. DECEASED-NAME First 20. DATE KNOWN Month 2b. HOUR Dov Yeor (Type or Print) OF FSTI-5+AN DEATH MATED 4 RACE S. DATE OF BIRTH AGE (In years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 2d. HOUR gud HOURS 7/28/40 YRS. MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH in Item 18. Give Pages 1 WIDOWED [DIVORCED [pages 1 and 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR olang with during most of working life, even if retired.) WBAL ARUNDEL death. 130. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b-COUNTY RAIto 4502 WESTCHESTER odmission) STATE YES NO hours ofter 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME Edw ARd VICTORIA HERMAN HARRIS Medicol Exominer's hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) (If yes give war or dates of service) 1958 - 1962 MARTHA HERMAN 3802 File = be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO DO please execute the certificate, YES T should be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) MEDICAL PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK AACO burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection __ Inquiry and in my apinian Accident 🔀 death resulted from Natural causes Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 0 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06504 DECEASED-NAME Middle Lost 2o. DATE OF DEATH First requires that the death certificate be executed within 24 haurs after death. death, Doy 68 Year and Mont 23 (Type or print) V Hicks Etta S. DATE OF BIRTY 4. RACE White IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years Female last birthdoy) 6/27/95 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign B. MARRIED NEVER MARRIED country) Anne Arundel TISA WIDOWED 1 DIVORCED [physician and campletely filled en please remave carban pa 12o. USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR during most of working life, even if retired.) YATSIIGNI give street oddress) North Arundel Glen Burnie retired 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? 13b. COUNTY Anne Arundel odmission) STATE 6700 Marley Neck Rd. YES TX NO 📆 Solly IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Middle First lost Lost James C. Bosley Florence Bosley the attending physician casis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) Mr. Charles I. Hicks 5339 Wasens Ave 18. CAUSE OF DEATH (Enter only one couse per lipe)
PART I. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 af Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. County State City or Town While Not while at work ot wark 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED.
DIRECTOR director, page 3 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRES NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) Glen Haven Glen Burnie, Md. 5/27/68 A. A. Co. FUNERAL DIRECTOR ADDRESS VR A13 Patapsco Ave. 21225

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 06499 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06505 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First death. ofter deoth hero and (Type or print) EONA 661NS 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 3. SEX lost birthdoy) HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THEVER MARRIED bon poper, within 72 DIVORCED | requires that the death certificate be executed within 24 physician and completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR CLOThing Go. during most of working, life, even if retired.) give street oddress) remove carbon URNIE Talhon ond in ony event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost please 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) NONe. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: metablate IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) the hospital or attending as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) for DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) detached (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1967, and that in (my) (our) apinian death accurred an the date and have and from the saw the deceased alive an... be retained causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Glen Burnie. Ave. S/W Md. Central Tate Mayne

director, should VR A15 (4) 30M REV. 1/68

23o. BURIAL, CREMATION,

REMOVAL (Specify)

23b. DATE

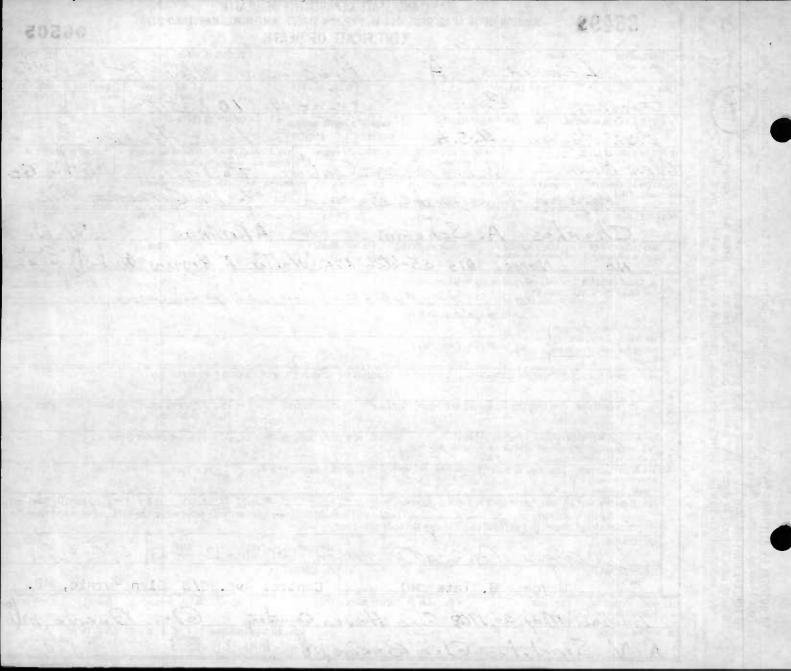
NAME OF CEMETERY OR CREMATORY

4 KME MADATE

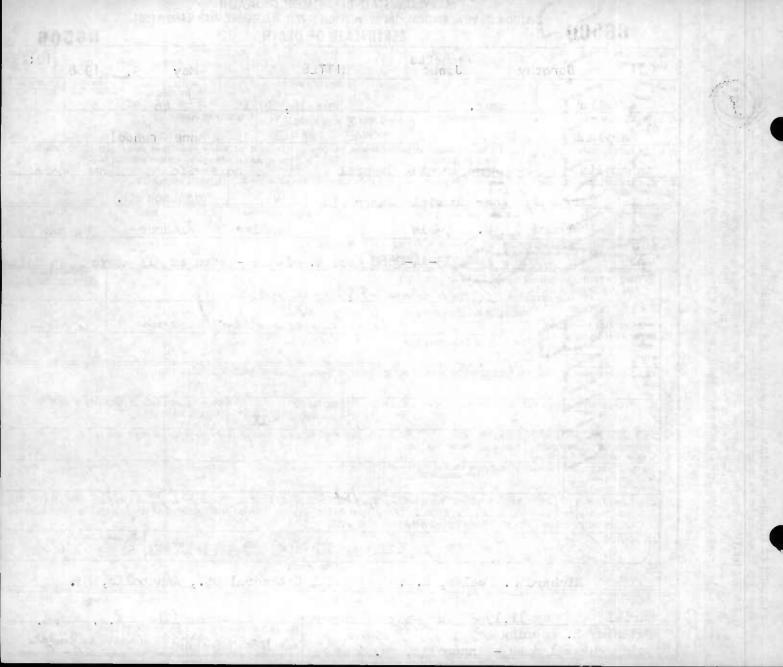
23d. LOCATION (City or Town)

(Stote) (County)

REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06500 CERTIFICATE OF DEATH 06506 DECEASED-NAME Lost 2a. DATE OF DEATH First (Type or print) Month Borothy HITTLE Mav 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. last birthday) female June 14. 1921 1.6 caus. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH requires that the death certificate be executed within 24 hou country) physician and completely filled in WIDOWED T DIVORCED [Maryland USA Anne Arunde 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Annapolis Anne Arundel General hou sewife own Thome 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admissian) STATE 13b. COUNTY YES X NO Rossback Rd. Maryland Anne Amindel Gambrille 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost Bernard W. Cole Pauline Eleanor Wayson 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknawn) (If yes give war or dates of service) 213-14-0668 Paul A. Hittle - same as #13 above APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH arenone IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave buriol-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 KXON 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark director, page 3 snow. causes stated abave, (1) (we) (did) (did not) view the bady after death. 27b. SIGNATURE 22c. DATE SIGNED. ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 121 Cathedral St., Annapolis, Md. Richard N. Peeler, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) May 11.1968 Our Lady of Sorrows Owensville 25b. REGISTRAR'S SIGNATURE 24. FUNEAL ORFITON E. Hopping 2Sa. REC'D BY REGISTRAR DATE MAY 1 5 Hopping Funeral Home - Annapolis



director, page 3 shauld be detached for use os the burial-transit permit. Then please remove carbon papers, faces, and 2 should be filed with the State Dept. af Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely fiNed in director, page 3 shauld be detached for use os the burial-transit permit. Then please remove carbon paper

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hod Poge 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06507

	CEASED-NAME ype or print)	First Paul	Middle	loyt	Last	2a. DA	TE OF DEATH 5 Month 9 D	oy 68 Year	2b. HOUR 4: 22
_	Male	4. RACE			5. DATE OF BIRTH 6-22-00		6. AGE (In years last birthday) YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
cani	BIRTHPLACE (State or fare htry) Denmark	USA		WIDOWED			TY OF DEATH Anne Arundel		Md
	Glen Burn:	ie give	NAME OF HOSPITAL OR IN e street address) Nort	th Arund	del	a. USUAL OCCUP ring most af wo Reti	ATION (Kind of work done orking life, even if retired.)	12b. KIND OF	BUSINESS OR n Steel
13a. adm	USUAL RESIDENCE (Where issian) STATE Md.	deceosed lived, if institution 13b. COUNTY		13c. CITY OR 1 Pasade		DE CITY LIMITS?	3e. STREET AND NUMBER Rt. 11		
14. [FATHER'S NAME First	мошм) Middle	Hoy t	15.	MOTHER'S MAIDEN	NAME First	(NKNOMN) Widdle		Last
16a. Y	WAS DECEASED EVER IN (1)	U.S. ARMED FORCES? I yes give war or dates of service)	16b. SOCIAL SECURITY 215-07-41		FORMANT ttie J.	Hoyt -	Address Same as #	13	
	Canditians, if any, whice rise to immediate caustating the underlying last. PART 2. OTHER SIGNIFIC	h gave) (b)	AS A CONSEQUENCE OF				Infant GIVEN IN PART 1(a)		
CERTIFICATION	190. DATE OF OPERATION	90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY YES					20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CI	ERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, notify medica 21d. INJURY OCCURRED While Nat while of wark of wark	SE OF DEATH HOUR A.M. I exominer) P.M.	. Manth Doy Year	9	ATION Street or R.		of injury in Port 1 or Part 2	Caunty	State
	22a. I certify that	(I) (this haspital) at	19	196 X and	that in (my) (or eath.		eoth accurred on the	9_6 \(\), that dote ond hour	(I) (we) las
	22d. PHYSICIAN'S NAME (Type)	umo X-	Tunso	DEGRE	22e. ADDRESS	MED. DIRECTOR	Glen Burni	5/9/6 e, Mary	land
	BURIAL, CREMATION,								

vesso.				B _D	
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	(Ga-3)				
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06508 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First 20. DATE KNOWN Month Doy 2b. HOUR Yeor (Type or Print) OF ESTIand 3 to DEATH MATED IF UNDER 24 HRS 4. RACE 6. AGE (In years 3. SEX DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR del MONTHS DAYS HOURS MIN PM3 Dov Yeor Depart YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED form Give Pages 1, country) WIDOWED DIVORCED [with the Stote 10. GITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND, OF BUSINESS OR ofter death olong with during most of working life, even if retired.) INDUSTRA deoth. 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY in Item 18. HARWOO YES NO 24 haurs land 2 ofter Middle 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Lost Middle Lost Examiner's pages hours pencil 160. WAS DECEASED EVER ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO **ADDRESS** be executed within (Yesino, or unknown) File APPROXIMATE INTERVAL _= within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), writing the word any This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse the Ξ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 forworded OS removal CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. pe should be 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) Your FUNERAL DIRECTOR: Poge NOT WHILE AT WORK AT WORK burial. D 22a. I certify that tack charge of the remains described above, held an Autopsy ... Inspection -Inquiry and in my apinion the funeral directar. be retained death resulted Accident Suicide Hamicide Undetermined manner frame Natural causes please CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** may NAME (Type) ADDRESS(Street, city, town, or county) 0 BURIAL, CREMATION, 23b. DATE CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR ADDRESS 2Sb. DATE MAY VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06509

06503 DECEASED-NAME Middle 2g. DATE OF DEATH First Lost 2b. HOUR (Type or print) Month 0 4. RACE 5. DATE OF BIRTH 6. AGE (In years **1F UNDER 1 YEAR** IF UNDER 24 HRS 3. SEX lost birthday) MONTHS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED [7] DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) ner W. Va. Paper 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES THE NOT 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First First Lost Otto Jacobs Elizabeth O'Neil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. IN U.S. AKMED FORCES.

(If yes give wor or dates of service)
212907-3954 Yes, no, or unknown) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT cardiae IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 4-27, 1968, ta 5-19, 1968, that (1) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) RIANDO C. KAMOS 1500 Kalz 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) BEMOVAL (Spenify) 5/22/68 St. Johns Cem. Ellicott City, Md. Funeral Home, Inc. MadisonSt. 25b. REGISTRAR'S SIGNATURE Schimunek 2So. REC'D BY REGISTRAR

requires that the death certificate be executed within 24 haurs after death pud ban papers. physician and campletely filled in remave carban please permit. burial-transit signed by has been the O FUNERAL DIRECTOR: After this certificate be retained

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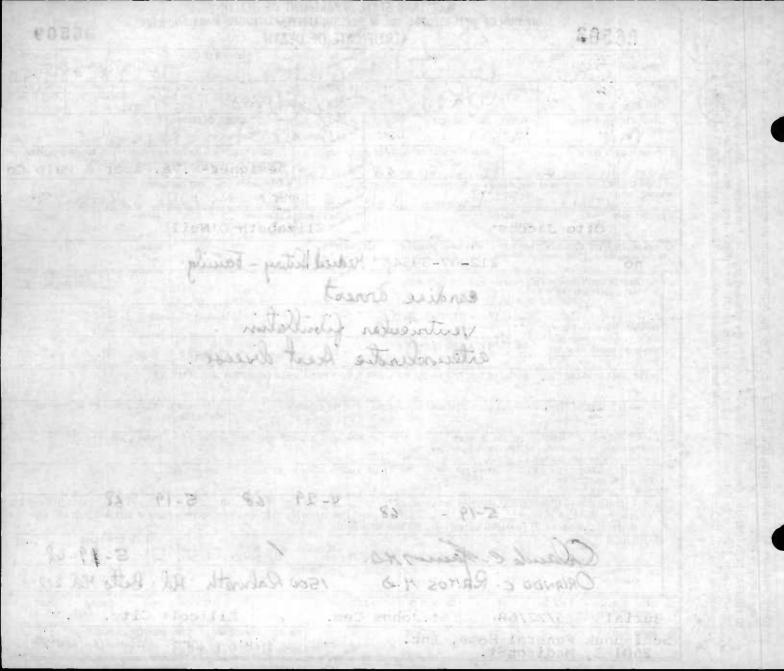
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director,

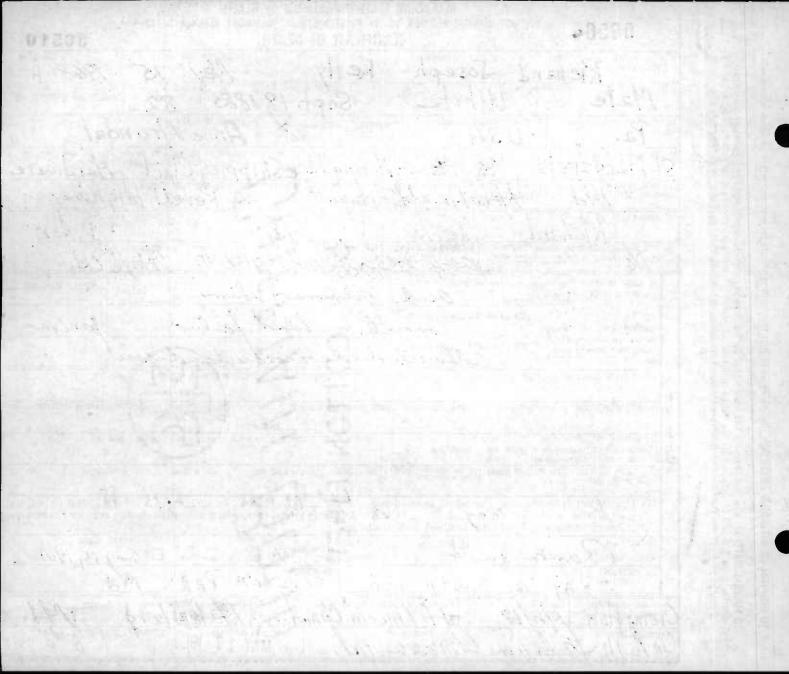
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06504 CERTIFICATE OF DEATH **DECEASED-NAME** 20. DATE OF DEATH 2b. requires that the death certificate be executed within 24 haurs after death in by the funeral ers. Pages 1 and (Type or print) S. DATE OF BIRTH 6. AGE (In years IF UNDER | YEAR IF UNDER 24 HRS. lost bijpides) MONTHS DAYS HOURS 7b. CITIZEN OF 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) WIDOWED | DIVORCED [TOWN OF DEATH ME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR carban <u>*</u> physician and campletely signed by the attending physician and camplete burial-transit permit. Then please remave carb burial, crematian, ar remaval, and in any event, (Where deceased lived, if in titution: Residence before STATE 14. FATHER'S NAME Middle 15. MOTHER'S MALDEN MAME First Middle 17. INGORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no., or, unknown) (If yes give war or dates of sen 16b. SOCIAL SECURITY NO. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE stoting the underlying couse be retained by the haspital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO F 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 68 and that in (my) (aur) apinian death accurred an the date and hour and fram the saw the deceased glive an man causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS SEVERN NAME (Type) 28b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 250. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68



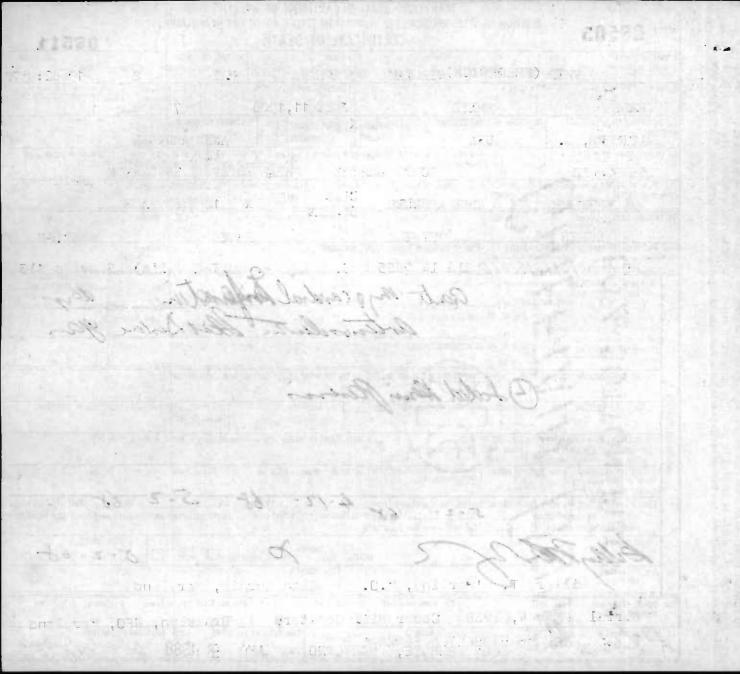
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06505CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month *FREDERICK)WILLIAM FRED KUETHE MAY after (4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR physician and completely filled in by the en please remave carban papers. Pages last birthday) MONTHS HOURS requires that the death certificate be executed within 24 haurs aft JULY 11,1900 MALE WHITE ban papers. Pa 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED BALTIMORE, MD. USA WIDOWED DIVORCED ANNE ARUNDEL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired)
REAL ESTATE & INSURAN **INDUSTRY** GLEN BURNIE burial, crematian, ar remaval, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? admission) STATE 13b. COUNTY GLEN YES 🗌 FTRST 15 MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle Last KHETHE MARRIAN 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) the attending phy sit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town Caunty While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an 1962, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive andirector, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type O'Herlihy, M.D. Glen Burnie, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) 7 May 4. 1968 Cemetery Cedar

30M REV. 1/68

2Sa. REC'D BY REGISTRAR

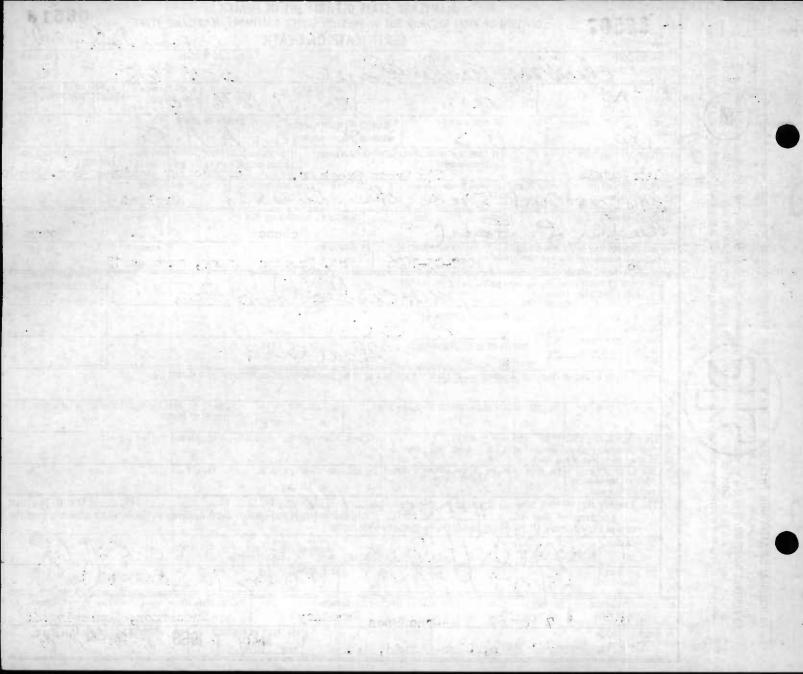
DATE

256. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06506 06512 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOURS. requires that the death certificate be executed within 24 hours after deoth. the ottending physician ond completely filled in by the funerol sit permit. Then please remove carbon popers. Pages—and (Type or print) Month TRACY KULAWIAK 8 Don 1968 Year LYNN MAY 8:10 M S. ter. 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS. SEX 6. AGE (In years IF UNDER 1 YEAR last birthdoy) Female White 8 May 1968 MIN 25 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED Maryland Anne Arundel USA within 72 WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR givk leet oddress harmy Hosp during most of working life, even if retired.) INDUSTRY A Ft Geo G.Meade 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN or removal, and in any event, 13e, STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY Anne 2 Forrest Road YES X NO Amindel Glen Burnie 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Lost Chester Kulawiak Sharon M. Phillips 17. INFORMANT (mother) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give war or dates of service) Sharon M. Kulawiak, 2 Forrest Rd, GlenBurnie, Md 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

ANOXIA BETWEEN ONSET AND DEATH 25 Min. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-tronsit p PARTIAL PLACENTA ABRUPTIO rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Fetal Cord around neck as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? Yes YES 🗀 NO X for use 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while ot work 22a. I certify that 1t) (this hospital) attended the deceased from 8 May , 19 68, ta 8 May , 19 68, that 1t) (we) last saw the deceased alive an 8 May 19 68, and that in (1997) (our) opinion death occurred on the date and hour and from the causes states above, 1th (we) (did) (did) (did) (view) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 8 May 1968 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) KIMBROUGH ARMY HOSP, FT MEADE, MD20755 A. FRAZER CPT MC CHARLES director, should 230. BURIAL, CREMATION, REMOXAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE (County) Glen Burnie, Md. 10,1968 Glen Haven Memorial Pk 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Singleton FADDRESS Home 1968 Glen Aurnie. Md. -



funerol Fond 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. er death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPOS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

सम्बद्धाः		CERTIFICATE O	F DEATH		06514
	irst Middle BERT WILLIAM LARRAI	Last BEE	20	DATE OF DEATH Manth Do 5	2b. HOUR 8 68 330 PM
3. SEX MALE	4. RACE CAUCASION	5. DATE 0	F BIRTH JULY 1900	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER WIDOWED D	MARRIED 9. CC	ANNE ARUNDEL	Md
10. CITY OR TOWN OF DEATH Annapolis	give street address)	INSTITUTION (If not in haspit L Academy Ho	al 12a. USUAL OC during mast of	CUPATION (Kind of work dane working life, even if retired.)	
13a. USUAL RESIDENCE (Where de admission) STATE arylar	reased lived, if institution: Residence before 13b. COUNTY A . A . C a .	re 13c. CITY OR TOWN Glen Burn:	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	nnap. Blvd.
14. FATHER'S NAME First			MAIDEN NAME First	Middle Sherman	Last
16a. WAS DECEASED EVER IN U.S. Yes, na, ar unknawn) VBS 192	ARMED FORCES? 16b. SOCIAL SECURITY 220-03-2	17. INFORMANT 2535 Herber	rt W. Larr	rabee, Jr. Ric	hm∎nd,Va.
Canditians, if any, which garise ta immediate cause (stating the underlying caulast. PART 2. OTHER SIGNIFICANT	(b) (D) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	OF EBRZL ARTERI OF	OSCLEROSIS		
19a. DATE OF OPERATION 19a. ACCIDENT WAS UNDER	%. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. A	UTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
OR CONTRIBUTING CAUSE OF	LYING 21b. TIME OF INJURY DEATH HOUR A.M. Manth Day Ye Jaminer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	ar 19		ure af injury in Part 1 ar Part 2,	, Item 18.) Caunty State
at wark at wark 22a. I certify that (I) saw the decease	(this hospital) attended the deceded olive on 28 MAY ove, (I) (we) (did) (did not) view the	ased from19_68 , and that in the body ofter death.	(my) (our) opinion	STAFF C	9, that (I) (we) las late and hour and fram the
22d. PHYSICIAN'S NAME (Type) W.	P. ARENTZEN, CAPT	DEGREE PHYS	ADDRESS DIRECTO	ANNAPOLIS, MD.	21402
DEMONIAL IC IT A	3b. DATE 23c. NAME - 31 May 1968 Arlin	OF CEMETERY OR CREMATOR		I. LOCATION (City or Town)	

TO FUNERAL DIRECTOR: After this cerificote has been signed by the attending physician ond completely filled in director, page 3 shauld be detached for use os the burial-transit permit. Then pleose remove carban papen should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 VR A15 (4) 30M REV. 1/68

Page 4 may be retained by the hospital or ottending physician.

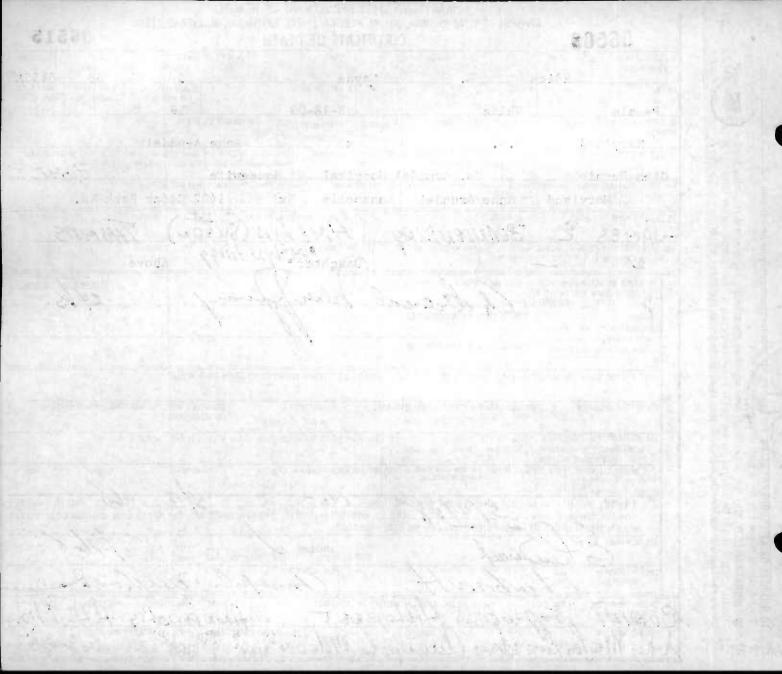
24. FUNERAL DIRECTOR R.V. Singleton/Glen Burnie, Maryland

25a. REC'D BY REGISTRAR
DATE MAY 29

25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06502 06515 CERTIFICATE OF DEATH DECEASED-NAME First Lost 20. DATE OF DEATH Middle 2b. HOUR death. (Type or print) Month Edith 68 Lavne 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR IF LINDER 24 HRS. lost birthdoy) MONTHS HOURS 8-18-09 Female White OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) the attending physicion and completely filled in sit permit. Then please remove carbon gapets. WIDOWED 🗔 DIVORCED Anne Arundel Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTBY/ give street oddress) during most of working life, even if retired.) ¥ Glen Burnie No. Arundel Hospital
13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Housewife. ond in ony event, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Arundel 1402 Cedar Park Rd. YES NO T Annapolis 14. FATHER'S NAME Middle IS. MOZHER'S MAIDEN NAME First Middle Lost SAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (If yes give war or dates of service) Yes, no or unknown) Daughter or removol, Above APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per lime for (o) (o), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 moy be retained by the hospital or attending physician. stoting the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the this certificate has been prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? of Health p YES 🗀 NO 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote Dept. City or Town Stote County While Not while of work 'O FUNERAL DIRECTOR: After and that in (my) (our) opinion death occurred an the date and hour and from the 22b. SIGNATURE ATTENDING director, page 3 should be filed w DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF COMETERY OR CREMATORY 23da LOCATION (City or Town BURIAL, CREMATION 23b. DATE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



CINHNI		, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	06516	j
/T	rst Middle	last	2a. DATE OF DEATH	2b. F	HOUR
(Type ar print) Jo	ohn F.	Lieb	5 Manth 20	Day 68 Year	٨
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNGER 1 YEAR IF UNDER MONTHS DAYS HOURS	24 HRS. MIN.
Male	White	July 14,			
7a. BIRTHPLACE (State ar fareign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 🔼 NEVER MARRIED	9. COUNTY OF DEATH		
Penna.	U. S. A.	WIDOWED DIVORCED	Anne Arunde		Md
IO. CITY OR TOWN OF DEATH	visco atanat maldanas	NSTITUTION (If nat in haspital during me	AL OCCUPATION (Kind of work don ost of working life, even if retired erchant	ne 12b. KIND OF BUSINESS d.) INDUSTRY	OR
Glen Burnie	No				
admission) STATE Md.	eased lived, if institution: Residence befare		IMITS? 13e. STREET AND NUMBER Rt. 1, Box	84A	
14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle Inkกอนก	Last	
16a. WAS DECEASED EVER IN U.S. A Yes ne ar unknawn) (If yes gi	ARMED FORCES? Iva war or dotes of service) 216-14-09		Address b- Same as # 1		
110		777		APPROXIMATE INTERV	VAL
PART I. DEATH WAS CAU	anly ane cause per line far (a), (b), and (a) JSED BY: FDIATE CALISE (a)		. 4.7	BETWEEN DISSET AND O	IEATH
4129 IMME	DUE TO, OR AS A CONSEQUENCE OF	E. Vacco (24) 14.00	1000		
Canditians, if any, which gav	ve) H	ie sekrosio Hear	1)1000		
rise to immediate cause (a stating the underlying caus	DUE TO OR AS A SOURCE OF		.,,,,,,,,		
last.	(c)				
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
= 4200					
19a. DATE OF OPERATION 11	9b. CONDITION FOR WHICH OPERATION WAS P		CALISES OF DEATH?	GS CONSIDERED IN CERTIFYING	à
RITH		YES NO			
	DEATH HOUR A.M. Manth Day Yea		er nature of injury in Part 1 or Part	2, Item 18.)	
(If either, natify medical exa	miner) P.M.	19			1 - A
While Nat while	TIE. PLACE OF INJURY (AT HOME, FARM, STREET, F	ACTORY.) 21f. LOCATION Street ar R.F.D. No	ı. City ar Tawn	Caunty S	state
at wark at wark	(al.: :a-1)	10/	68 to 8/26	10 / I that //\ /	1 /-
snw the decensed	(this haspital) attended the decea	. 19 and that in (my) (aur) ap	inian death occurred an the	19, that (i) (we date and have and fro	e) ia tt mc
	ave, (I) (we) (did) (did nat) view the	e bady atter death.		NA DATE CLONED	
22b. SIGNATURE	D.	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type)		220 ADARESS7 OL	D Annapolis A	Rol GA Bon	2/1
23a. BURIAL, CREMATION, 23		F CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State	:)
		wood Cemetery	Philadelphia.		
24 FUNERAL DIRECTOR FUN	eral Home/ Glen B	urnie, Md. 250 REC'D	BY REGISTRAR 1968 REGISTRA	APS SIGNATURE Judge	2

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

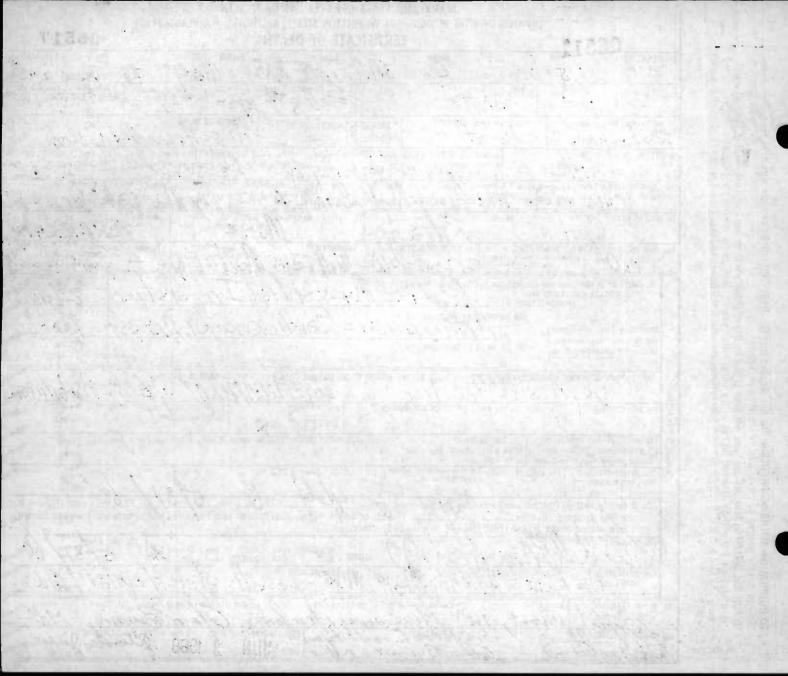
death.

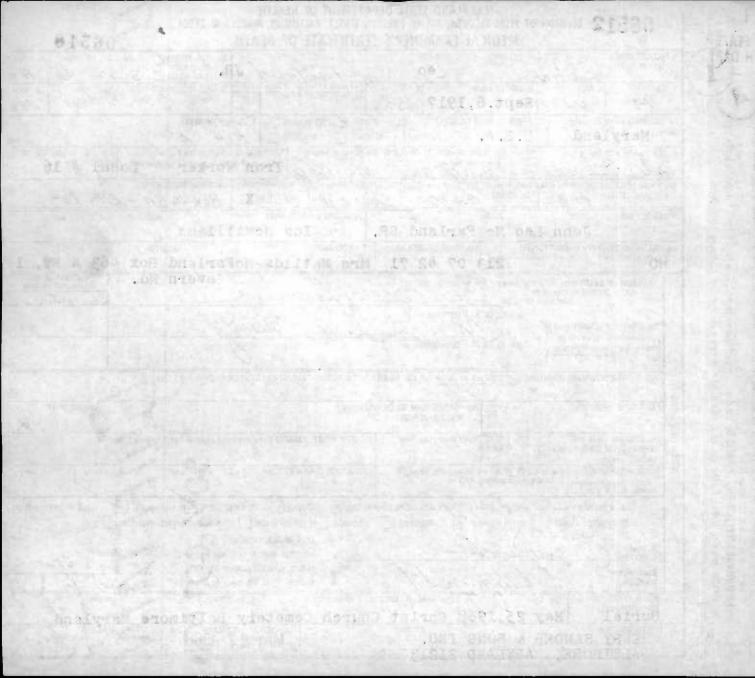
TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion ond completely filled in the funerol director, page 3 should be detached for use as the burial-transit permit. Then please remove corbbe, papers. Pages 1 and 2 should be filled with the State Dept. of Heolth prior to burial, cremation, or removal, and in any event, within 72 hours ofter deoth.

VR A15 30M REV.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 24. Page 4 moy be retained by the hospital or attending physician.

		OS514 CERTIFICATE OF DEATH 06517
		CEASED-NAME First Set Middle MATHENS 20. DATE OF DEATH Poe or print) Size Set A. Middle MATHENS 20. DATE OF DEATH Poe of Print) Size Set A. Middle Month Soy Year 88 6 45 M
	3. SE	Femole 3 4. RACE The S. DATE OF BIRTH 1 19 19 16. AGE (In years of the short of the
	copy	IRTHPLAGE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOT BEATH WIDOWED DIVORCED MARRIED
16	18, 0	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done give-street oddress) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done live street oddress) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done live street oddress) 12 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done live street oddress) 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done live street oddress) 14 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done live street oddress)
2		USUAL RESIDENCE Where deceosed lived, if institution: Residence before 13%. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER STATE 13b. COUNTY RESIDENCE STATE 12b. COUNTY RESIDENCE STATE
		ATHER'S NAME CON Middle KILLAN IS. MOTHER'S MAIDEN NAME First Middle TOKARSCHIK
		WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, a unknown) (If yes give wor or dates of service) 2/2-05-1641 (II) (If yes give wor or dates of service) 2/2-05-1641 (III) (III) (III) (III) (IIII) (III) (IIII) (IIII) (IIII) (IIIIIII) (IIIIIIII
		1B. CAUSE OF DEATH (Enter only one couse per line for (9), (b), and (g), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
		Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse last. (b) HT/CI/OS/CIOIT QUUNCASCUIAT I/SCOS PORTS. (c) CONSEQUENCE OF
	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMPITION GIVEN IN BART 1(0) 18 E BY DITUTAL
2	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?
	MEDICAL CER	21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19
	M	21d. INJURY OCCURRED While Not while of twork 12 to PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State
		22a. I certify that (I) (this hospital) ottended the deceased from
	(TO SEGNATURE DEGREE PHYS. DE
1	,	22d. PHYSICIAN'S Lyone/ Mittenry Mapp, 1 200 ADDRESS NAME (TYP) Lyone/ Mittenry Mapp, 1 200 Crows ville State Hospital Mid.
	230.	BURIAL, CREMATION, 23b. DATE 23c/NAME OF CEMETERY OR "CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVED Specify) June +, 1968 Meadowridge Membark Colem Farrier, Md-
8	24.	ADDRESS DATE JUN 3 1968 REGISTRAR JUST 1968 PROBLEM JUN 3 1968





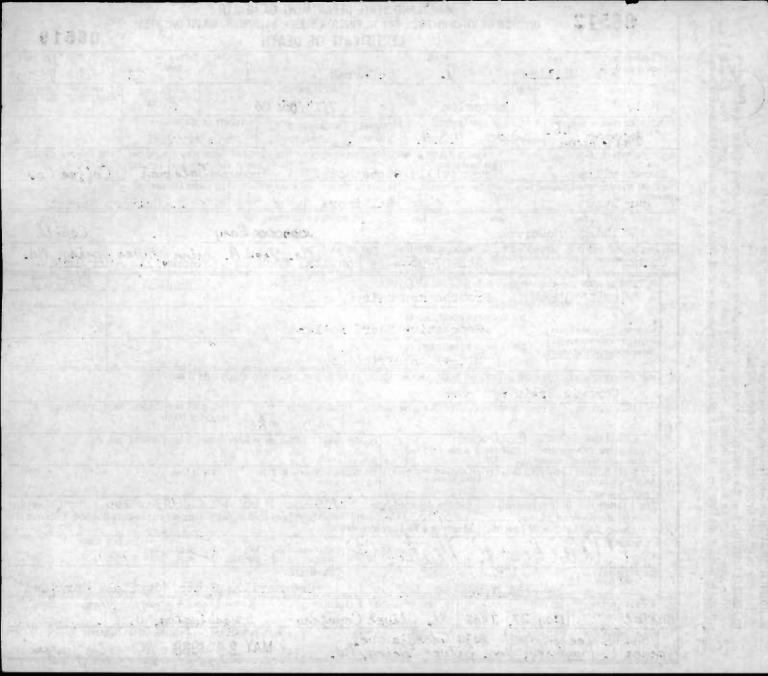
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

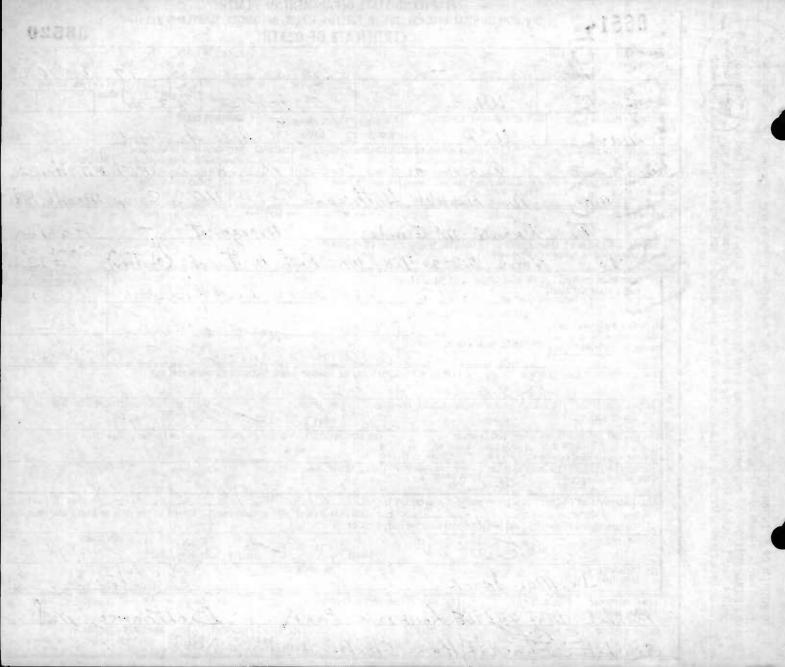
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	ASED-NAME	First		Middle		Last		2a. DATE OF			2b. HC	JUR
(Түре	e ar print)	Willi	am	2.	McGa	rrah			Manth 23	y 68	7:30	Nq(
3. SEX			4. RACE			S. DATE OF	BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24	
M	ale		Cauca	asian		7/1	4/660 06		last birthday) 61 YRS.	MONTHS DAYS	HOURS	MIN.
cauntry	Washard	rton.	b. (ITIZEN OF WE Unknown	U.S.A.	WIDOWE		ORCED _		Arundel			Md
Cr	OR TOWN OF DE	.e	give s	AME OF HOSPITAL OR IN Street address) Ownsville	State	Hosp.	during mo	ost of working	(Kind of wark done life, even if retired.) Deceman		F BUSINESS O	R
13a. USI admissio	ual Residence (v op) STATE Mary Land	/here deceased L	l lived, if institut 13b. COUNTY	ian: Residence before	Balt	imore	YES NO		REET AND NUMBER 2 N. Calve	ert Str	eet	
14. FATI	HER'S NAME Willia	First um McG	Middle arrah	Last			MAIDEN NAME F	Mary	Middle M.		lost	
16a. W.	AS DECEASED EVEI Renown)		O FORCES? or dates of service)	166. SOCIAL SECURITY 41-07-984		INFORMANT Hospit	Mr. Great Recon	d.A. 24	inn Addise ownsville		erid Ma	
ris ste la:	anditions, if any, se ta immediate ating the underlast.	which gave cause (a), ying couse	DUE TO, OR A (b) DUE TO, OR A (c) (c)	ronchopneu s a consequence of Congestive s a consequence of Mitral Ins TING TO DEATH BUT N	Hear	iency		CONDITION GIVEN	N IN PART 1(o)			
NOIL 19	// O X Chro		ain Synd	drome	REORMED	2Da. Al.	TOPSY?	2Db. IF	YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING	
CERTIFICATION 12						YES [□ No 🔭	CAUSES	OF DEATH?			
MEDICAL 2	a. ACCIDENT WA or contributing [f either, natify m ld. INJURY OCCUR	CAUSE OF DEATH edical exomine RED 21e. P		Manth Day Year 1 AT HOME, FARM, STREET, FA	9				ry in Port 1 or Part 2, or Town	County	Sto	ote
at 22	While Nat whi work at work 2a. I certify t	hat (I) (this	haspital) atte	office Building, ETC.	ed_from_	4/19	, 19_6	58_, ta	5/23 , 19	9 <u>68</u> , tha	ıt (I) (we) las
	causes sto	eceased alived	ve an (I) (we)(did)	5/23 (did nat) view the	19 <u>68</u> , a bady afte	nd that in (r death.	my) (aur) api	inian death c		1.6.	r and fran	n the
	2b. SIGNATURE	lare	les K	- Veule	ello	GREE PHYS.		MED.	STAFF -	DATE SIGNED /23/68		
22	NAME (Type)	Cha	rles R.	Venter, M.					ate Hospit	tal, Ma	ryland	1_
230. Bl	URIAL, CREMATION EMOYAL (Specify)		TE 27, 19		livet	Cemete	ry	Washi	N (City or Town) ngton, D.	(County)	(State)	
24. Fy	NERAL DIRECTOR	see Jan	wale 8	Silver Si	ia Ave	·Md.	2Sa. REC'D B	Y REGISTRAR Y 29	25b. REGISTRAR	s signature	udge	R

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tradicions, page 3 should be detached for use os the burial-transit permit. Then please remove carbon popers. Pages should be filed with the State Dept. of Health prior ta burial, cremotian, or removal, ond in any event, within 72 hours often TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours, Page 4 moy be retained by the hospital ar ottending physicion.

VR A15 (4) 30M REV. 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06515 CERTIFICATE OF DEATH 0652 2b. HOURA 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH deoth. (Type or print) Month Mc INNIS Hastings Emma. requires that the death certificate be executed within 24 haurs ofter 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR temale lost wirthday MONTHS OAYS HOURS and completely filled in by the 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED Anne Arundel WIDOWED M DIVORCED [10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done during prost of working life, even if retired.) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND, OF BUSINESS OR TOME 130, USUAL RESIDENCE (Where deceased lived 1) institution: Residence before 13g LITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND, NUMBER odmission) STATE YES 🔀 14. FATHER'S NAME MOTHER'S MAIDEN NAME First pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, no runknown) offending p permit. The 18. CAUSE OF DEATH (Enter only one couse per line for (o), o), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (o) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove? signed by the burial-tronsit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been the 19b. CONDITION FOR WHICH OPERATE WWAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED. CAUSES OF DEATH? NO 🗌 YES TO O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Month Doy LOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. PM (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 2H, LOCATION City or Town State County While Not while ot work 220. I certify that (I) (this hospital) attended the deceased from 2 19 Cand that in (my) (our) spinion death occurred on the date and hour and from the sow the deceosed olive oncouses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b, SIGNATHRI 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. DEGREE 22e. ADDRESS PHYSICIAN'S NAME (Type) Frank M. Shipley. 121 Cathedral St., Annapolis, Md. director, Should ! 23g BURIAL, CREMATION NAME OF COMMETERY OR CREMATORY LOGATION (City or Town) (County) Incoln 2So. REC'D BY REGISTRAR

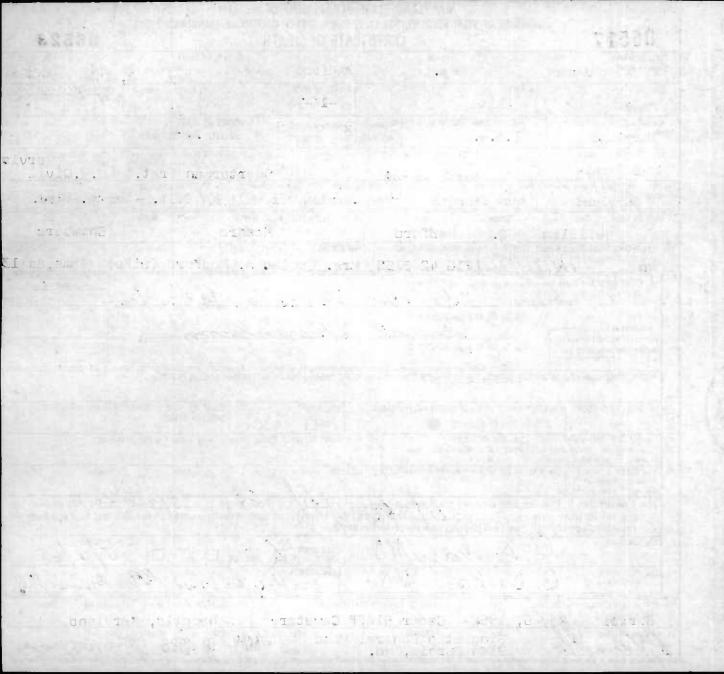
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gras bro	Put min		
		g = Carter	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE KNOWN Month 2b HOUR Year (Type or Print) BRIAN OF ESTI-Rage 600 DEATH MATED 4. RACE S DATE OF BIRTH 6. AGE (In veors 2c. DATE PRONOUNCED DEAD 3. SFX 2d. HOUR MONTHS Yeor W M May 1964 YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH in Item 18. Give Pages 1, farwarded to the Chief Medical Examiner's Office along with forg WIDOWED | DIVORCED [Baltimore land 2 with the State be executed within 24 haurs after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) LEN BURNIF death. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES - NO Glen Burnie after First Middle 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Carroll Stacy M. McLamb Paulette pages haurs pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, na, ar unknawn) (If yes give war or dates of service) Paulette McIamb, same as 13 File APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) burial-transit permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), This certificate shauld the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing CO be used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. NO V YES | the funeral directar. Page 4 shauld be 9 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 shauld PRIMARY OR CONTRIBUTING CAUSE OF DEATH MEDICAL SICAL EXAMINER: crematian, 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.f.D. No. City or Town County State factory, office building, etc.) AT WORK AT WORK burial, 22a. I certify that I took charge of the remains described above, beld an Autopsy ... Inspection . Inquiry and in my apinian death resulted from Matural causes Accident -Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER priar ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, tawn, ar county) 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Meadowrifige Memorial May 1968 Buria Howard /ADDRESS 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR REGISTRARIS SIGNATURE MAY VR A15ME (6 5 Funeral Home, Glen Burnie, DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06523 CERTIFICATE OF DEATH First Middle Last 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME deoth. 30 (Type or print) Medford Month the attending physician ond completely filled in by the funetal sit permit. Then please remove carbon popers. Poges I and nation, ar removal, and in any event, within 72 hours offer deat A. Jesse Mav 5. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF LINGER 24 HRS. 3. SEX 4 RACE O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after MONTHS 1 OAYS HOURS 1-14-94 White Male 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country aryland Anne Arundel U.S.A. WIDOWED T DIVORCED 12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during mast of warking life, even if retired.) INDUSTRY give street oddress) Glen Burnie luarterman (ret. North Arundal 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) Maryland 13b COUNTY Arundel YES NO 907 Balt. - Annap. Blvd. Glen Burnie Middle 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Chambers Medford Medora William 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (wife) Mrs. Louise A. Medford Same 216 42 3158 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-tronsit rise to immediate couse (o). DUE TO, OR AS & CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO X far use Health p 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF CEATH Manth Day Year (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State City or Town While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from-1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an____ director, page 3 should should be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (State) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Caunty) 23a. BURIAL, CREMATION REMOVAL (Specify) May 6. 1968 Cedar Bluff Cemetery Annapolis. Marvland FUNERAL DIRECTOR Singleto Appressure al Home Glen Burnie, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV. 1/68 DATE



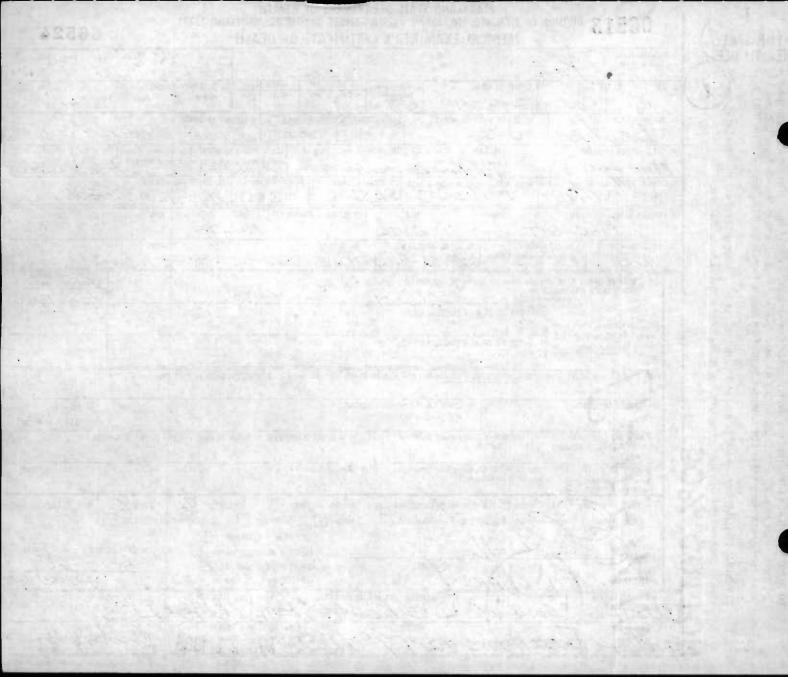
STATE DEPARTMENT OF HEALTH 06513 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06524 FOR STATE DECEASED-NAME (Type or Print) Middle 2a. DATE KNOWN OF ESTI-Doy Manth P.M.3. Page 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of iny delay is in pencil in Item 18. Give Poges 1, 2, and 3 ta the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form DICAL EXAMINER: This certificate should be executed within 24 hours after death Health prior to burial, cremation, or removal, and in ony event within 72 hours after death. necessory, please execute the certificate, writing the word "pending" O DEPUTY

VR A15ME (5) 10M REV. 1/68

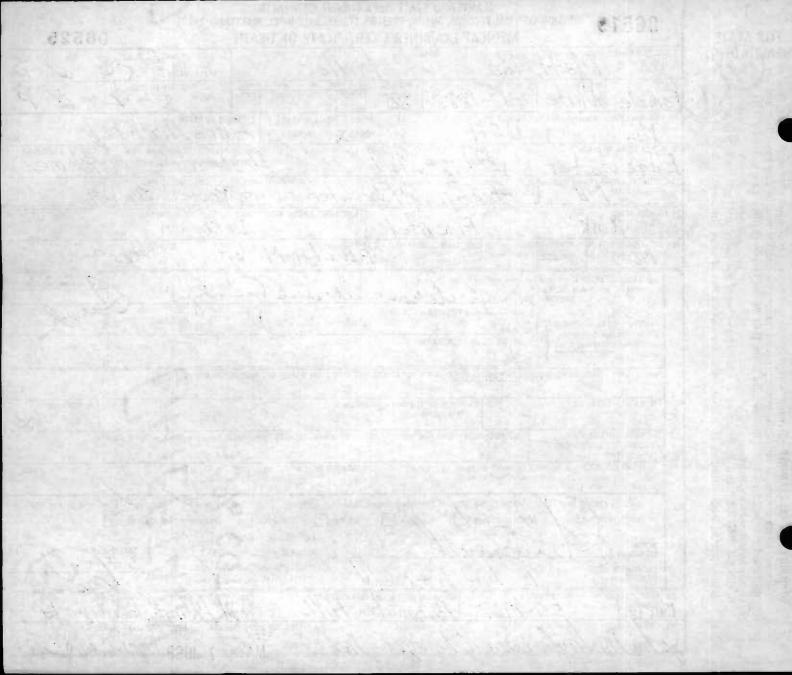
Year 2b. HOUR

	9 /404	172221		DEATH MATED		/ IBDI	1	
3. SI			JNDER 24 HRS	2c. DATE PRONOUN	CED DEAD		2d. HOUR	
	M W 2-6-11 Sol		IRS MIN.	Manth 5	Day /	7 Year 68	P.	
2 1		YRS.				/ 17"		
	BRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B.	MARRIED NEVER MARRIED	9. (0)	JNTY OF DEATH				
caun	INDEWYORK U.S.A.	WIDOWED DIVORCED	1 AM	UNE	ARRE	INDEL	U N	
10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTI	ITUTION (If nat in haspital 12	2a. USUAL O	CCUPATION (Kind of	work done	12b. KIND OF BUS	INESS OR	
1	Janapolis give street address)	d- 10- 262/ di	uring most o	f warking life, ever	g if retired.)	INDUSTRY	5-	
10			CITY LIMITS?		Ulas D.C.D.	LIQUOR	JACK	
130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13 lmissian) STATE 13b. COUNTY	SC. CITYOR TOWN		13e. STREET AND N		1-500		
ai	130. COUNT ///O/O7 .	SIL SPR. YES	NO 🗌	416 61	MOU	IREUR.		
14. F	ATHER'S NAME First Middle Lost	IS. MOTHER'S MAIDEN NA	AME First		Middle	Last	1	
137	BARNETT MERZE	=/	AL	1815		7 2		
1/- 1			7 770					
		17. INFORMANT			DRESS			
	228-26-84	63 HNNE MER	2261	DAME	AS	102		
	1B. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c).)	· · d			1777	ADPROXIMATE BETWEEN ONSET	INTERVAL	
10	PART 1. DEATH WAS CAUSED BY:	1.0	111		. (BETWEEN UNSET	AND DEATH	
	ILOQO IMMEDIATE CAUSE (a)	in our				(Auga)	1-	
	DUE TO, OR AS A CONSEQUENCE OF					- 2,	my.	
	Canditians, if any, which gave							
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF							
17	last.							
	(c)							
157	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE	OR CONDITIO	ON GIVEN IN PART 1	(a)			
z	4344							
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHITE	CH OPERATION				20. AUTOPSY	/?	
FIG	WAS PERFORMED?			YES	NO			
ERT	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year	21. HOW INTERV OCCURRE	D /Fates and	t tt t Dt	2 D-+ 0 I			
	PRIMARY OR CONTRIBUTING HOUR A.M.	21c. HOW INJURY OCCURRE	D (chier nati	ire at injury in Port	I or Part 2, II	rem 16.}		
MEDICAL	CAUSE OF DEATH P.M. 19					200	- 15-21	
ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street,	21f. LOCATION Street ar R.F.C	D. Na.	City ar Tawn	-	County	State	
	WHILE NOT WHILE factory, office building, etc.)	. 19871 20						
		1 111 4				7)		
	22a. I centry that I taak charge af the remains described			spectian	Inquiry K		iy apinia	
	death resulted frame Natural causes , Accident [🔲, Suicide 🔲, Han	nicide 🔃	Undetermine	d manner			
	(8)	CHIFF MED	ICAL EXAMIN	FR				
	ACTUAL Lucell		MEDICAL EXA		22b. DATE	SIGNED	M.	
	SIGNATURE ALL THE SIGNATURE	m.D.		/		-13-6	1	
	EXAMINER'S		EDICAL EXAM			1 1 00		
	NAME (Type) /- LINHARY.		4	wn, ar caunty)		19-190	01	
23a.		METERY OR CREMATORY	23d	LOCATION (City or	Town)	(County) (S	tate)	
97	8500 AL (Specify) 5-19-68 DC.1	LODGE 45	m. 1	e Asit	D			
24.	EUNERAL DIRECTOR ADDRESS		REC'D BY RE	GISTRAR 25h	REGISTRAR'S	SIGNATURE		
	othera knew/Home 42,74	- 1 A A	ALAY &			nes Jud	ge.	
41	TEATING WOIN YILL FEITH . TILL	1 LUM 10 10 1 10 10 10 10 10 10 10 10 10 10 1	BALL T		100		A .	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 06525 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Manth 2b. HOUR Day Year (Type or Print) OF ESTI-DEATH MATED 02 IF LINDER 24 HRS. 6. AGE (In years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR and HOURS MIN. 20 PM3. Day Deportm 7a. BIRIHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COMPLY OF DEATH form Give Pages 1, country WIDOWED TY d land 2 with the State after deoth. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR olong with ever setired.) death. 13d. INSIDE CITY LIMITS 13a. USUAL RESIDENCE Where deceased lived, if justitution: Residence before 13c CIDY OR TOWN STREET, AND NUMBER admission) STATE 13b. COMNI in Item 18. DOX 12 hours after 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Last nknown Examiner's pages hours 16g. WAS DEMEASED EVER IN U.S. ARMED FORCES? ADDRESS #130 pencil 16b. SOCIAL SECURITY NO be executed within Her Miller (If yes give war or dates of service) File .⊆ PPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) permit. WEEN ONSET AND DEATH Medical PART I. DEATH WAS CAUSED BYpending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave rise to immediate cause (a). This certificate should writing the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause the 2 forworded to ond PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 00 removal. CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [pe should be 10 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL SICAL EXAMINER: cremation, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County State factory, affice building, etc.) may be retained far your FUNERAL DIRECTOR: Poge NOT WHILE please execute AT WORK AT WORK burial, Par Inquiry 4 ok charge at the remains described above, held an Autopsy 22a. I certife Inspection and in my apinian the funeral director. death resulted Natural causes u Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, tawn, or county) 0 BURIAL, CREMATION 23b. DATE 23d. LOCATION (Gity or Tawn) EMOVAL (Specify) 121 243 FUNERAY DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) DATE 10M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 06520 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06526 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 1. DECEASED-NAME First deoth (Type or print) WILLIAM MILLEKER law requires that the deoth certificate be executed within 24 hours after 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR MALE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED MARYLAND ARUNDEL attending physician and completely filled in permit. Then please remove carbon poperston, or removal, and in any event, within 72 h ANNE WIDOWED | DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
TECHNICIAN INDUSTRY U.S. give street oddress) GLEN BURNIE NORTH COAST GUARD 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE YES BALTIMORE 306 GREENLAND 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown) Louise 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the buriol-transit p Canditians, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been as the 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) Por OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State City or Town While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram.... , and that in (my) (aur) apinian death accurred on the date and haur and from the saw the deceosed alive an____ be retoined causes stated abave, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING MED. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BURNIE Glen director, should 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE REMOVAL (Specify) Glen 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE MAY

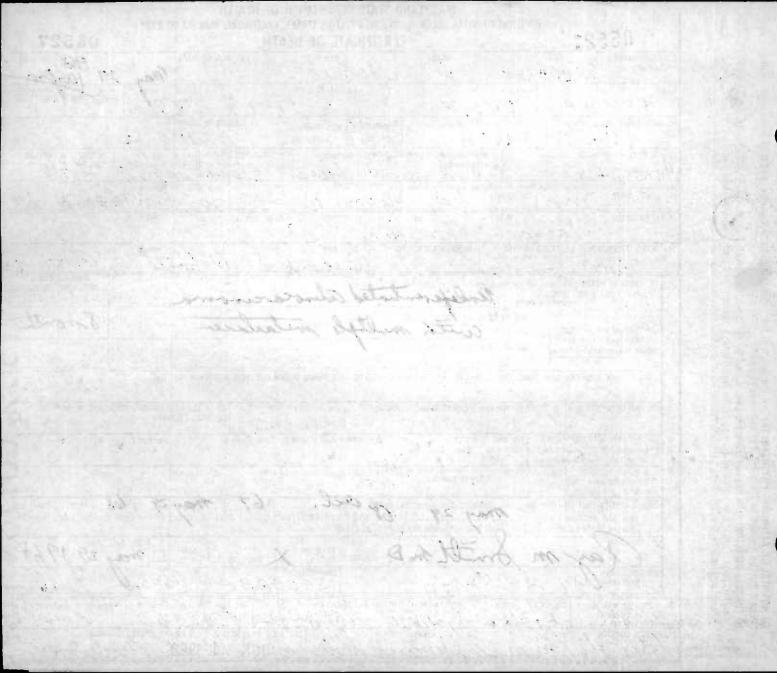
usidad) 06526 The street where the street was the street of and the second of the second o

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

		00000		CEK	IIFICATE OF L	EAIH		002	121
		CEASED-NAME (pe or print) RAP	First	Middle	MOFFITT	20. D	ATE OF DEATH Manth	Day 201 Year	2b. HOUR
	3. SE	FEMALE	4. RACE (1) H	TF	S. DATE OF BIR	17-09	6. AGE (In year lost birtheav)	IF UNDER 1 YEAR MONTHS DAYS YRS.	UNDER 24 HRS. HOURS MIN.
	caun	1111001	s US	A WID	ARRIED NEVER MARRI	ED /	OF DEATH	B.	N
3	A	TY OR TOWN OF DEATH VNA POLLS USUAL RESIDENCE (Where de	give str	ME OF HOSPITAL OR INSTITUTION (Pet address)	N. Host	during most of w	PATION (Kind of work d arking life, even if retire 13e. STREET AND NUMBER	ed.) INDUSTRY	BUSINESS OR
2	admi	ATHER'S NAME First	13b. COUNTY			YES NO 🗆		UIDENC	E Re
			teo B	HADAN 66. SOCIAL SECURITY NO.		7,	Addro		2
			give war or dates of service)	OD. SOCIAL SECORITI NO.	Richar	RS.	Moffett	- A	vue
		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA		far (a), (b), and (a)	ted aden	reaccin	oma		MATE INTERVAL ONSET AND DEATH
Autorities and		Conditions, if any, which go rise to immediate couse (stating the underlying co	DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF	etgle in	elailai	w	800	orth,
		PART 2. OTHER SIGNIFICANT	_) (c)	NG TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART I(a)		
X	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORM	NED 20a. AUTOP:	SY?	20b. IF YES, WERE FINDING CAUSES OF DEATH?	NGS CONSIDERED IN C	ERTIFYING
	MEDICAL CER	21o. ACCIDENT WAS UNDER ☐ OR CONTRIBUTING ☐ CAUSE OF (If either, natify medical ex	F DEATH HOUR A.M. cominer) P.M.	Month Day Year 19		RRED (Enter nature	of injury in Part 1 ar Pa	rt 2, Item 18.)	
Š	ME	While Nat while at work		OFFICE BUILDING, ETC.			City or Town	County	State
		22a. I certify that (I) saw the decease causes stated ab	d glive an	ided the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my		to <u>May 29</u> eath accurred on th	, 19 <u>68</u> , that ne date and haur	t (I) (we) Io and fram th
		22b. SIGNATURE ay	m on	Il mo	DEGREE ATTENDING PHYS.	DIRECTOR	CT STAFF CT	may 29	1968
1		22d. PHYSICIAN'S NAME (Type)	1 M. S.	nith		UERNI	7 PAU	el,	10.
1	1	REMOVAL (Specify)	6/3/68	23c. NAME OF CEMET	NATION	VAL &	DAL TO	. /	(State)
B	24.	FUNERAL DIRECTOR	Louguri	Selecure	11.1	DATE JUN		RAR'S SIGNATURE	udge

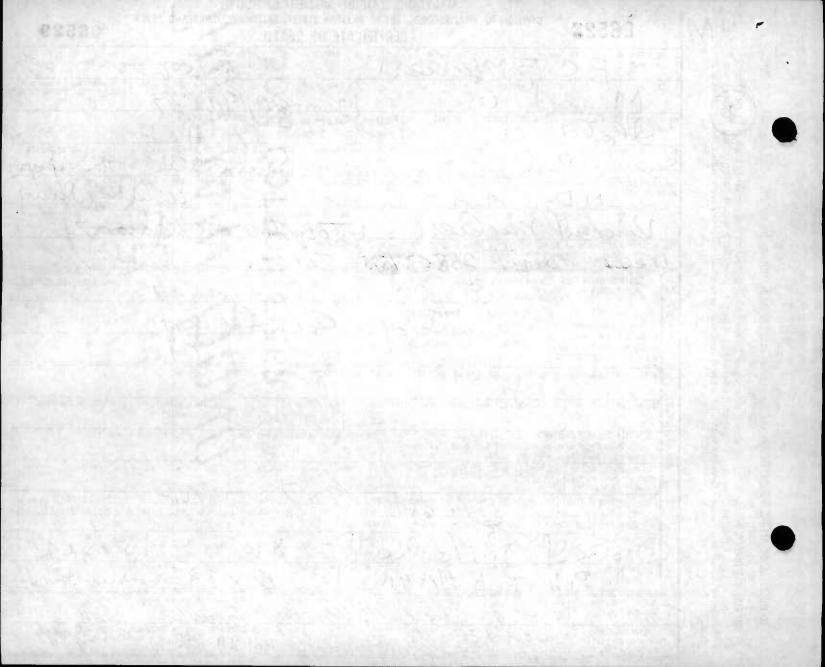


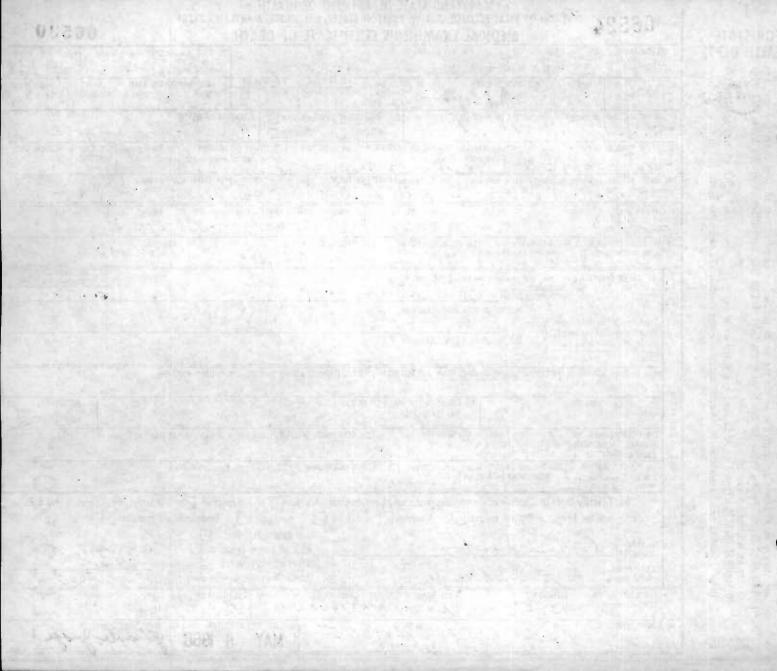
MARYLAND STATE DEPARTMENT OF HEALTH #GLOO DE VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06528 CERTIFICATE OF DEATH First 2b. HOUR Lost 20 DATE OF DEATH DECEASED-NAME Middle The law requires that the death certificate be executed within 24 hours after death. and (Type or print) MORELAND O'Neill Hugh campletely filled in by the ton nove corbon popers. Pages 1 S. DATE OF BIRTH 6. AGE (In years 38 IF UNDER I YEAR 4. RACE 3. SEX lost birthday) DAYS MONTHS HOURS YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o BIRTHPLACE (State or foreign 8. MARRIED 54 NEVER MARRIED WIDOWED DIVORCED [Anne Arundel 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) give street oddress) ANNAPOLIS DRIVER 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES ANNABOLIS remove signed by the attending physicion ond ca burial-transit permit. Then pleose remov buriol, cremotion, or removol, and in any Middle Lost IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle physicion ond RURY FANNIE 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service) NNAPOLI ShellA B the attending physical result. Then I 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Page 4 moy be retained by the hospital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **DIRECTOR:** After this certificate has been State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? YES NO [for use 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State 21d. INJURY OCCURRED City or Town While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from-_19 £_P, and that in (my) (aur) opinion death accurred on the date and haur and fram the saw the deceased alive on____ , page 3 should be filed with the causes stated abave, (I) (we) taid) (did nat) view the body after death. 22c. DATE STONED 22b. SIGNATURE ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S FUNERAL NAME (Type) Richard N. Peeler. M.D. 121 Cathedral St., Annapolis, Md. director, should by (County) (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE REMOVAL (Specify) 0 FUNERAL DIRECTOR NNAPOLIS 30M REV.

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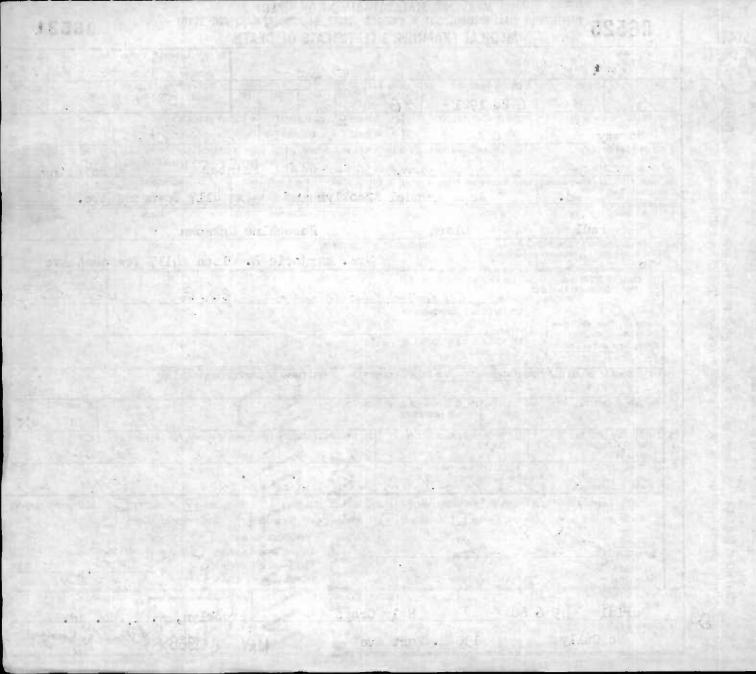
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21	TAR		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
9	(IVI		06523 CERTIFICATE OF DEATH
deoth.	onerol 1 and 2 er deoth.		CEASED-NAME Pirst Middle Lost 20. DATE OF DEATH 2b. HOURS Month Doy Year 2b. HOURS M
ofter d	- e	3. SE	S. DATE OF BIRTH 4. RACE 5. DATE OF BIRTH 6. AGE (In yeors lift under 1 year if under 24 Hrs. lost birthdoy) 7. YRS. MONTHS OAYS HOURS MIN.
ours	by the dispersion of the dispe		RIRTHPPACE (State or Jorgian 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED ALEVER MARRIED ALEVER MARRIED ALEVER MARRIED ALEVER MARRIED
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/ithin	ly fille non pa within	1D. C	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during post of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during post of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during post of working life, even if retired.)
tuted w	omplete ve carb event,		USUAL RESIDENCE (Where deceased lived, if institution: Residence before Sister of State of Do. 13b. COUNTY A Co- Secretary Pack YES NO USUAL TOTAL OF STATE
oe exe	and co rema in ony	14. F	ATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost Lost Lost Lost Lost Lost Lost Lost
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often the certificate by the hornital or attending physician	rifficate has been signed by the attending physician and completely filled in this sea signed by the attending physician and completely filled is for use as the buriol-transit permit. Then please remave carbon papers of Health prior to buriol, cremotion, or removal, and in ony event, within 72.	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INVOKMANT Address on or unknown! (If yes give wot or dates of the control of the co
oth cert	ding pł t. Then remov	0	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:
e dec	atten sermi on, o		IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
of th	nsit per moti		rise to immediate couse (o), stating the underlying couse
es th	ed b) ol-tra ol, cre	L	stoting the underlying couse (c)
requir	sign buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
low	been s the ior to	ATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The	has a difficult of the property of the propert	CERTIFICATION	YES NO CAUSES OF DEATH?
ICIAN:	ospinal of unertaining certificate has been hed for use as the st. of Health prior to	MEDICAL CE	21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19
PHYSI	by the hispitial of attending prightant. If this certificate has been signed by be detached for use as the buriol-tra State Dept. of Health prior to buriol, cre	WE	21d. INJURY OCCURRED While Not while of work Not
NDING			22a. I certify that (I) (this haspital) attended the deceased fram
A LEGISTRE	TOR:		causes stoted above, (I) (we) (#) (#id not) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED
OR /	DIRECTOR: ge 3 shaulc lied with the	1	Posseul 9. Holudegree PHYS. DIRECTOR DIRECTOR PHYS.
O HOSPITAL	rage 4 may be retained by me nos O FUNERAL DIRECTOR: After this ce director, page 3 shauld be detache should be filed with the State Dept.		22d. PHY ICIAN'S NAME (Type) Robert R. HAHW. P.O. BOX 73 Severna Parl
HOS	FUN direct shoul	230	BURIAL, CREMATION, 23b. DATE 23c. MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
2	VR A15 (4)	24.	FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE
	30M REV. 1/68	1	ingleton Filheral Home / Flan Becale DATE MAI 20 1968





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06531 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First 20. DATE KNOWN Lost Month 2b. HOUR Yeor (Type or Print) ESTI-3 to 19:00 DEATH MATED ny delay IF UNDER 24 HRS 4. RACE 2c. DATE PRONOUNCED DEAD 3. SEX S DATE OF BIRTH AGE (In years 2d. HOUR and Doy. PM3 Departm 6 28 1921 YRS 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Examiner's Office olong with farm country) in Item 18. Give Poges 1 US WIDOWED [DIVORCED Norway with the State after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Painter INDUSTRY street oddress KN18 Painting death. 30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Anne Arundel Brooklynn Md. LeYES NO T Townsend Ave. lond 2 24 hours after 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME Middle Paul Olsen Basephine Unknown pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** be executed within in pencil (Yes, no, or unknown) (If yes give war or dates of service) 4117 Townsend Ave Mrs. Marjorie E. Olsen File No APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line-(or (o), (b), and (c).) permit. TWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate cause (o), This certificate should writing the ward DIJE TO OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 removal, be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, should be 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18. 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH MEDICAL HOUR A:M DICAL EXAMINER: cremotion, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No 21e. PLACE OF INJURY (At home, form, street City or Town County Stote age foctory, office building, etc.) NOT WHILE FUNERAL DIRECTOR: P buriol, 20 22a. I certify that I took charge af the remains described above, held an Autapsy Inspection Inquiry and in my apinian the funeral directar. death resulted from: Natural causes Suicide X Accident Hamicide Undetermined manner please CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 0 23o. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial 68 Holy Cross Brooklyn Co. Md 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Mc Cully 1968 VR A15ME (5) 130 E. Fort Ave 10M REV. 1/68



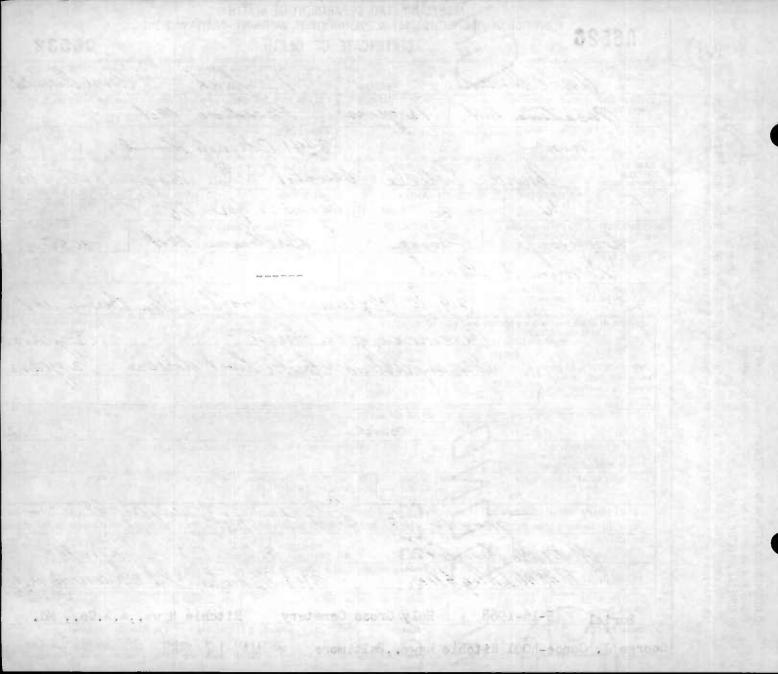
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

- d1/-		CERTIFICATE OF DEATH	
funeral and and er death	1.	PLACE OF DEATH a. COUNTY Anne and Maryland 2. USUAL RESIDENCE (Where decreased lived, if institution: Residence before admission) b. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decreased lived, if institution: Residence before admission) b. COUNTY MARYLAND	4
haurs after n by the fur re Pages I		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 12 years 12 years 13 years 14 years	
d FEE		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENT ON A FARM	CE A2
in 2	0	none 8941 Cheuch Road YES NO	X
ed within 24 pletely filled carbon pape ent, Within 73	3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) A. DATE Month Day Year OF DEATH May 12 19 6	8
e executed with and campletely remave carbon any event, where	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED USEQUES 22. 1902 Syrs.	HRS Min.
icate be exe /sician and co please rema il, and in any		D. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11c. BIRTHPLACE (County & Stote, or foreign country) 11c. CITIZEN OF WHAT COUNTRY?	
th certifica ling physic Then ple remaval, c	13	FATHER'S NAME Prince Roach 14. MOTHER'S MAIDEN NAME	
the death certificate be executed to aftending physician and cample t permit. Then please remave caption, ar remaval, and in any even	()	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give wor or dates of service) 2/9-40-8498 Edward Oswald Glen Beenie, Ma	1
that the an. by the a ransit pe		1B. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LANGUAGE of the breast ONSET AND DEAT	TH
quires physici signed burial-1 burial,		Conditions, if any, which gove is to immediate cause (a). (b) Ormany arterioselentic heart disease 2 years	2
aw red nding p been s been s ar ta b		stating the underlying cause DUE TO (c)	
I: The I ar atter te has use as alth pri	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 17.0 X 19. WAS AUTOPS PERFORMED? YES \(\sum \) NO	?
haspital is certifica ached far ept. of He	CERT	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
VG PH) the here this elected detacl	MEDICAL	20t. TIME OF INJURY Manth, Day, Year Haur a.m. P.m. 19 20d. INJURY OCCURRED While of work of w	te)
TENDIN ined by OR: Afte auld be the Sto		21. I certify that (I) (this hospital) attended the deceased from July 1952, to May 12, 1968, that (I) (we saw the deceased alive an May 12 1968, and that death accurred at 1868, from courses and an the date stated a	
be reta		220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE/SIGNED 5/12/68	
AL Par		22c. PHYSICIAN'S NAME (Type) P.M. McLaleghlin 22d. ADDRESS 3708 Mountain Rel. Presiding Me	1.
Page 4 m Page 4 m O FUNER director, shauld b	23	o. BURIAL (REMATION, REMOVAL (Specify) Parial 23b. Date thereof 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote Ritchie Hgwy., A.A.Co., Md.	
M		4. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
VR A15 (4) 25M 1/67	G	eorge J. Gonce-4001 Ritchie Hgwy., Baltimore DATE MAY 17 1968 Ochowles Judge	-



MARYLAND STATE DEPARTMENT OF HEALTH

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1	0-1	ms 10,22a film 401 MARYLAND STATE DEPARTMENT OF HEALTH 12-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tem 2a film G401 MENT OF FRAMINER'S CERTIFICATE OF DEATH 16528	00808
FOR STATE HEALTH DEPT.	1. D	TECH 2a film G401 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05525 DECEASED-NAME (Type or Print) NANCY DECEASED-NAME (Type or Print) NANCY DECEASED-NAME (Type or Print) DEC	
2, and 3		emale White 8-4-22 lest birthdoy) MONTHS DAYS HOURS MIN. Month Doy, May 29,	Yeor 19 68 6:30M
- E Pa	coun	BIRTHPLACE (Stote or foreign of What COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Anne Arunde1	PM Md
- 0	S	Saunders Point give street oddress) Kings Drive during most of working life even if retired.) INDI	. KIND OF BUSINESS OR USTRY
tem 18. Give Pages Office along with Tan 1 and 2 with the State after death.		. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Pt. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Anne Arundel Saunders YES NO X Kings Drive	
hin 24 haurs affeindl in Item 18. Gininer's Office alang pages 1 and 2 with haurs after death.	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Paul W. Cochrane Kathleen Cochrane	Lost
within 24 pencil in caminer's le pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT William C. Payne, Kings Dr. S	Saunders P
be executed within "pending" in pencil inef Medical Examine insit permit. File page event within 72 hau		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute ethylism	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
vard "pe vard "pe ne Chief al-transi		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
This certificate shauld licate, writing the ward be farwarded to the Ct dbe used as a burial-troor remayal, and in any	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate, writ be farwar I be used or remava	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES X NO
tNER: This e certificate, should be fu files. 3 shauld be to askauld be to action, or rer	MEDICAL CER	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	IB.)
	ME	21d. INJURY OCCURRED WHILE AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town C	County State
blease exert I directar. Pretained fail		22a. I certify that I taak charge of the remains described abave, held an AutapsyX, Inspectian , Inquiry , death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE ACSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	and in my apinian]
DEPU Cessar Cessar Tuney Cuner Cuner Cuner Cone		EXAMINER'S Charles S. Springate, M.D. NAME (Type) ASSISTANT MEDICAL EXAMINER LA May 30 ADDRESS (Street, city, town, or county)	, 1968
To Digital Line of the Head]	Burial June 1 1968 St. Andrews Cemetery Mayo Anne	unty) (Stote) Arundel M
VR A15ME (S)	Be	FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGN	las Judge

season 2000 to the manufacture of the season Contract . Contract . Turil nen Contract menand of santy, core to march out to the Real I Tamperst Mone - Till Pert St. Appa. . . with - 1 tons ravegar I Lead MARYLAND STATE DEPARTMENT OF HEALTH

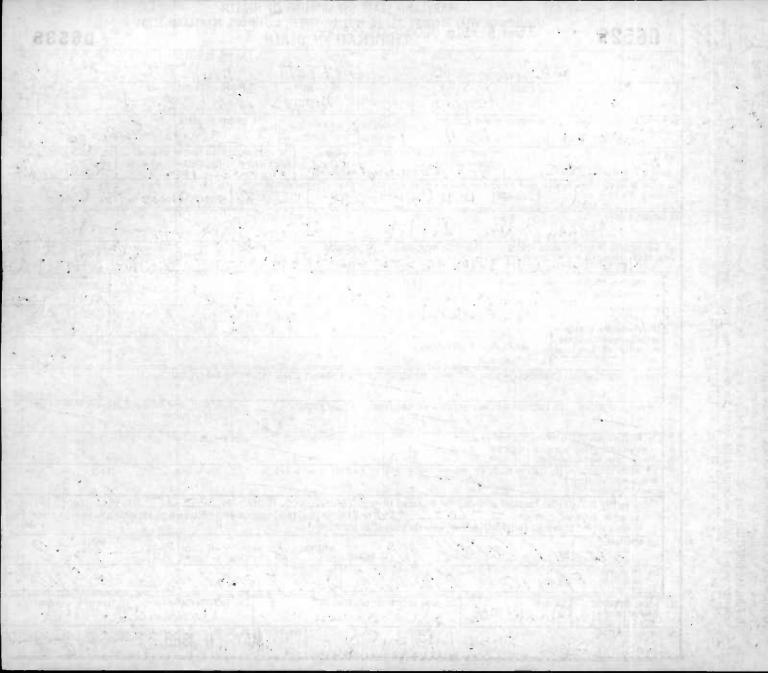
, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DIVISION OF VITAL

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	IM	Y		06525 CERTIFICATE OF DEATH
I	dea to			EASED-NAME pe or print) Franklin Middle W. Dettet 20. DATE OF DEATH Month 3 Doy/96 geor 705 M
_	ages 1		3. SE	
	pers. Pr	H	7o. E	RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Funce Arrival Md.
5	oan pap within	00		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital of USUAL OCCUPATION (Kind of work done during most of working life, even if refred.) 12b. KIND OF BUSINESS OR during most of working life, even if refred.) 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if refred.) 12c. USUAL OCCUPATION (Kind of work done during most of working life, even if refred.)
	signed by the arenaing physician and campietely tilled in by the togetal burial-transit permit. Then please remave carban papers. Pages I and burial, crematian, ar temaval, and in any event, within 72 hours after deat	02		ISUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN sion) STATE 13b. COUNTY A. A. C. STATE 13b. COUNTY A. A. C. STATE 15c NO
	e remo	1	14. F	THER'S NAME First Middle Petit Is. MOTHER'S MAIDEN NAME First Ann Middle Craux
:	nysiciar n pleas val, and			WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18 yes give wor of dojes of service 18 yes give wor of dojes of service 18 yes five war of dojes of service 19 yes five war of dojes of service 10 yes five war of dojes
<u>.</u>	it. The			18. CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drouck & four Cancer of levels Received years
	ne arre it perm atian, c			DUE TO, OR AS A CONSEQUENCE OF
sician.	ed by T al-trans al, crem			to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF (c)
			2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
attendi	s b as oria	2	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ital ar	far		MEDICAL CER	21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, notify medical examiner) P.M. 19
he hasp	viter this certi be detached State Dept. af		MEI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
	Affer d be Stat			220. I certify that (I) (this hospital) extended the deceased from IFICIA 22, 1940, to 25, 1940, that (I) (we) lost saw the deceased glive on 1940, and that in (my) (our) opinion death occurred on the date and hour and from the
retain	DIRECTOR: At ge 3 shauld tiled with the S			couses stated obove, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE ATTENDING DIRECTOR D
may be	kat bi	1		22d. PHYSICIAN'S NAME (Type) Flor 19 P. Nadolski 22e ADDRESS Hawwards Ferr Kd Rolfo 2/22-7
Page 4	director, page 3 shauld	2	230.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
,	VR A15 (4 30M REV. 1/	() /68	24.	UMERAL DIRECTOR BUSING STORES LADDRESS TO STATE DATE DATE

l de at

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after



23c. NAME OF CEMETERY OR CREMATORY

2Sa. REC'D BY REGISTRAR

07940 2b. HOUR Year 68 IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS HOURS 12b. KIND OF BUSINESS OR **INDUSTRY** Middle Lost BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County Stote 19 68 , that (I) (we) last 22c. DATE SIGNED Crownsville State Hospital, Maryland 23d. LDCATION (City or Town) (County) (State) 2Sb. REGISTRAR'S SIGNATURE

VR A15 (4)-30M REV. 1/68

23a. BURIAL CREMATION

24. FUNERAL DIRECTOR

REMOVAL Specify)

23b. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

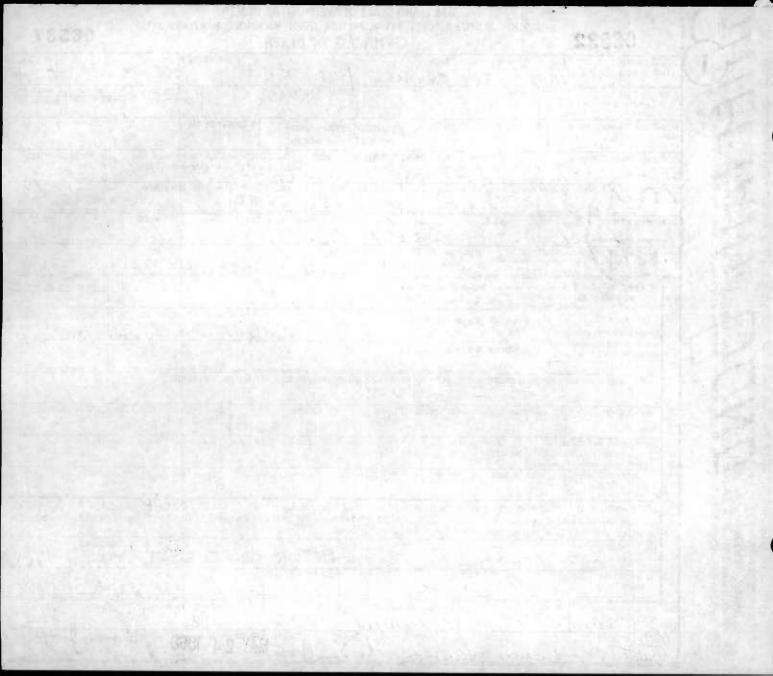
	DECEASED-NAME First (Type or print) Irene	Middle	Phelps	20. DATE OF DEATH 5- Month 17 Doy	2b. HOUI 2 • 30
3.	Female Female	4. RACE White	s. date of birth 4-10-1898	6. AGE (In years lost tartedoy) YRS.	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS M
co	odua).	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED DIVORCED	A.A. Co.	
54 G	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN:	l Hospital during mo	L OCCUPATION (Kind of work done st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Bakery
2 od	o. USUAL RESIDENCE (Where deceose mission) STATE	d lived, if institution: Residence before	Severna Park YES X NO	☐ 6 Severndale	Rd.
14	FATHER'S NAME First Thomas	Middle Lost Cunning	Is. MOTHER'S MAIDEN NAME Fi	st Middle	lost Baker
16	So. WAS DECEASED EVER IN U.S. ARM		NO. 17. INFORMANT	Address	
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT N	Myolgar/Inal hy out the terminal disease or co		years .
CEDTIEICATION	19o. DATE OF OPERATION 19b. (ONDITION FOR WHICH OPERATION WAS PE	YES NO NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor		noture of injury in Port 1 or Port 2,	Item 18.)
W	While Not while of work	OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town	County Sto
	22o. I certify that (I) (this sow the deceosed of causes stoted obove	ive on, (I) (we) (did) (did not) view the	ed fram	ian deoth occurred an the do	that (I) (%)
	22b. SIGNATURE 22d. PHYSICHAM'S NAME (Type)	Milhtz	DEGREE ATTENDING M. PHYS. DI		DATE SIGNED
L			CEMETERY OR CREMATORY Haven Memorial Pk		
24	4. FUNERAL DIRECTOR Singleton Fun	XT/anon	Purnie Md. DATE MA		signature and and a

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	3/5/8/4/3/		4	S. John	William
· · · · · · · · · · · · · · · · · · ·	• • •	Male F	4. V	H , L.	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

_ 1		CERTIFICATE OF DEATH
		CEASED-NAME First Middle Last / 2a. DATE OF DEATH 2b. HOUR
	(ype ar print) William FREDERICK PODLICH Manth Day Year 370 Am
	3. SE	X . AGE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 FER.
ı		MALE While 11-10-91 last birthday) YRS. MONTHS DAYS HOURS MIN.
ľ		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	caur	Md. WIDOWED DIVORCED . A-H. CO
		ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 11b. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)
Į	41	MAYOUS AHOSP, AHORNEY SELF
		USUAL RESIDENCE (Where discussed lived, if institution: Residence/before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STATET AND NUMBER 26000 3A 9 13b. COUNTY 4 13b. COUNTY 4 12c. STATET AND NUMBER 26000 3A 9 12c. STATET AND NUMBER 26000 3A
		YING THE SEVERNATE IS THE LAURELL THE
ı	14. 1	ATHER'S NAME First Middle Last IS. MOTHER'S MANDEN NAME FIrst Middle Last
1	40	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT Address Address
ı	Y	es, na, ar anknown) (If yes give war or dates of service) 2136 (1620 H Mm. Plant E. Goldich Celous
ł	-	APPROXIMATE INTERVAL
I		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
ı		IMMEDIATE CAUSE (a)
I		Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave)
		rise ta immediate cause (a).
l		stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
l	Z	4221 deathte mellitu
ľ	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
ı	CERTIFICATION	YES NO CAUSES OF DEATH?
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
I	MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
ı	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
	H	at wark at wark
		22a. I certify that (1) (this haspital) attended the deceased from 12a / 1 , 19 6 / , ta 2 / 19 6 / , that (1) (we) last saw the deceased glive an 12a / 12a
ı		causes stated above, (I) (we) (did) (did hat) view the bady after death.
ŀ		22b. SIGNATURE 22c. DATE SIGNED
l		DEGREE PHYS. DIRECTOR
ı		22d. PHYSICIAN'S NAME (Type) PAYS M. SMITH 22e. ADDRESS NAME (Type) PAYS M. SMITH DISTRICT BIGG SELECTION DISTRICT
		A THE SHITE ON THE SECTION ON THE
1	23a.	BUPTAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
ŀ	0.4	fund 5/0 / Millians
1	24./	ADDRESS 25a. REC'D BY REGISTRAR 1968 REGISTRAS SIGNATURE JULIES



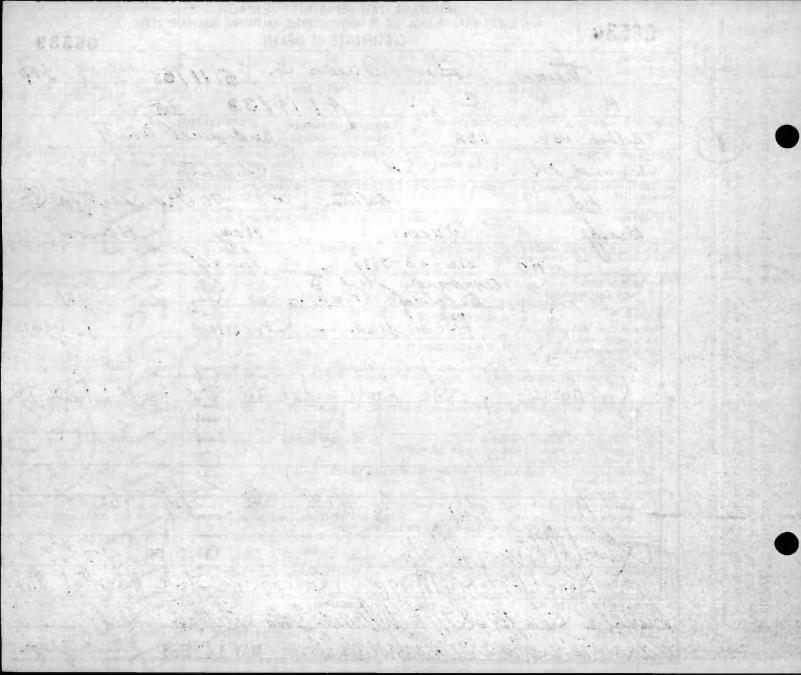
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06538 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month / Year Day (Type or Print) OF ESTI-3 ta JACK DAVID PROSEY of DEATH MATED IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR DAG CAU. 13 Jan. 1907 Separa 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) PENNA. ANNE ARUNDEL U.S.A. DIVORCED [WIDOWED pencil in Item 18. Give Pages ecute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages Page 4 shauld be farwarded ta the Chief Medical Examiner's Office along with fay land 2 with the State 24 haurs after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

retired military INDUSTRY give street RORTH ARUNDEL GLEN BURNIE USA 13e. STREET AND NUMBER death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY ANNE admission) STATE YES X NO ARUNDEL GLEN BHRNIE 308 Main Ave after First Middle First 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME Middle Joseph Prosey Unknown) Mary pages haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS certificate shauld be executed within (Yes, no, ar unknown) 217-32-8569 Joseph D. Prosey(Son) Same as 13 burial-transit permit. File APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 as remaval, CERTIFICATION be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This necessary, please execute the certificate, YES [NO X D 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) FUNERAL DIRECTOR: Page 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: cremation, P.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK burial, far 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection 7 Inquiry and in my opinion the funeral directar. Accident [Suicide be retained deoth resulted from Natural couses Homicide Undetermined monner CHIFF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, tawn, or county) 50 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) 5/8/68 Epiphany Episcopal Burial Odenton Anne Amindel E. Hopping 25h REGISTRAR'S SIGNATURE Milaneles Annapolys, VR A15ME 5 Hopping Funeral Home DATE 10M REV.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08534 CERTIFICATE OF DEATH funeral s . DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR. First law requires that the death certificate be executed within 24 haurs after death. (Type ar print) Year remas 4. RACE IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. last birthday) dees MONTHS HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED M NEVER MARRIED USA DIVORCED TO WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life even if retired.) give street address INDUSTRY and campletely fi Ecconsulte 3 event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 🚁 NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last and in Ucers please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) (If yes give war or gates of service) burial, crematian, ar remaval, 216-28 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per ling for to the land c). BETWEEN ONSEVAND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAN DISEASE OR CONDITION GIVEN IN PART I(a) O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSÝ? CAUSES OF DEATH? YES 🖂 NO [be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County State City or Town While Nat while at wark OFFICE BUILDING, ETC. 220. I certify that (I) (this hospital) oftended the deceased from 19 6%, and that it (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive on. shauld couses stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SJENED 22b SIGNATURE ATTENDING STAFF wil directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS. PHYS. 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) rounsv one NAME OF CEMETERY OR CREMATORY 23d. LOCATION (city or Town) (State) 23a. BURIAL, CREMATION 23b. DATA 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06535

CERTIFICATE OF DEATH

ent	uneral 1 and 1r death	10		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odm	ission)
ofter death	fune 1 o		4	O. COUNTY Arre Arundel MARYLAND	o. STATE Maryland b. COUNTY Booksook	BOOGE
offe	aft aft		1	o. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	
(and	S. P. Maurs	-0	12	write RURAL and give peopest town)	Baltimore	
100	P.S. B	-		d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress)	d. STREET ADDRESS e. IS R	ESIDENCE
E C	ician and campletaly filled lease remove carban paper and in any event, within 72	90	1	Forth Arundel Convalecent Cent	3011 A Mac Clue, YES [A FARM?
within	campleraly fills love carban pay y event, within	30		NAME OF First Middle	Lost 4. DATE Month Doy	Year
-	in the second	4		Type or print) Teorge W		1968
cute	eve eve	/	S.	TO THE THE TAXABLE IN	less hinted and March a Day III	DER 24 HRS.
e X e	ind campremove any even			WIDOWED DIVORCED	Nov. 30. 17 7 yrs.	
d	and e rem		10o.	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) Maryland 12. CITIZEN OF WHA COUNTRY? U.S.A.	T
4	physician (nen please aval, and i		Re	tired Policeman Balt. City	Maryland U.S.A.	
- 1	ld r		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ger	g pl			Frederick Rappelt	Clara Alvater	
#	din	120	1S.	s no or unknown) ((If ves give war or dates of service)	INFORMANT Address	
- P	attending permit. The		N	218-46-1638 M	rs Georgia Rappelt 4209 Shelden Ave	
requires that the death certificate he execute	on. by the attending phys transit permit. Then p crematian, ar remaval,			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	To a t INTERVAL ONSET AN	BETWEEN
tot	physician. signed by the burial-transit burial, cremati			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Terminal Can	cer of Jawe metastases ONSET AN	ID DEATH
+	4 - tr (334		DUE TO DUE TO		
i.	physici signed burial-1 burial,			Conditions, if ony, which gove rise to immediate couse (o), (b)		
	o bi			stoting the underlying couse DUE TO		
W	rending s been as the			lost. (c)		
	aspital ar attending certificate has been hed far use as the t. of Health priar to	V	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO	AUTOPSY ORMED?
PHYSICIAN. The	ar att	\wedge	CATI	176/	YES	NO
Į.	ificat far free	144	RTIFI	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Port I or Part II af item 18.)	
X	the haspi this certi detached e Dept. a		I CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
H	this letac	-	MEDICAL CERTIFICATION		ACE OF INJURY (Home, form, 20f. (City or town) (County) tory, street, office bldg., etc.)	(Stote)
6	4 4 6					
Z	4 + 4		2	OT WORK		
NON	4 + 4		N	21. I certify that (I) (this haspital) attended the deceased fram_	V/11/, 1968, ta 5/27/, 1968, that (1	/ (0 /
TENDIN	4 + 4		N	21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive on	at death accurred atM, fram causes and an the date sta	/ (0 /
R ATTENDING	4 + 4		N	21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive on	t death accurred atM, fram causes and an the date sta	/ (0 /
8	RECTOR: After the 3 should be de a with the State		N	21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive on	th death accurred atM, fram causes and an the date state. MEDSTAFF 22b. DATE SIGNED	ted abave.
8	RECTOR: After the 3 should be de a with the State	1	N	21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive on	t death accurred atM, fram causes and an the date sta	ted abave.
8	RECTOR: After the 3 should be de a with the State	1	230	21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive on	D. ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED PHYS. 22d. ADDRESS 22d. ADDRES	ted abave.
8	retained by the ECTOR: After the should be devited the State		230	21. I certify that (I) (this haspital) attended the deceased fram—saw the deceased alive on 27 19 68, and tha 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) A CALL M. D.	D. ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED PHYS. 22d. ADDRESS 22d. ADDRES	1968

005300 As a large transfer of the same of the sam Marytan de la fier de la compation de la compa Terrett Frank James James Salvidari 215-1636 For Committee the work Standard 1879 Standard 1888 To work! Court of which work to the Bootstand Country Burgares (Country)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06536 CERTIFICATE OF DEATH DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death I ond (Type or print) 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS HOURS YKS. 9. COUNTY OF DEATH 70. BIRTHPLACE (Stote or Tareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED country) WIDOWED T DIVORCED [physicion and completely filled 120. USUAL OCCUPATION (Kind of work danger 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if remed.) ive street address INDUSTRY pou in ony event, 13o. USUAL RESIDENCE (Where descosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CHY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle and 160. WAS DECEASED EVER ARMED FORCES? 16b. SOCIAL SECURITY, NO Address (If yes give war or dayes of service) signed by the attending physi buriol-transit permit. Then pl burial, cremation, or removal, APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been the CERTIFICATION 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO | be retained by the haspital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while ot work ot work 6, 19.55, ta 22a. I certify that (1) (this hospital) attended the deceased from_ 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an. director, page 3 should should be filed with the eauses stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURI 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) 230. BURYAL, CREMATION SEMETERY OR CREMATORY ADCATION (City) or Town) (County) (Stote) 23b. 2Sb. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 Mungles

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 how

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

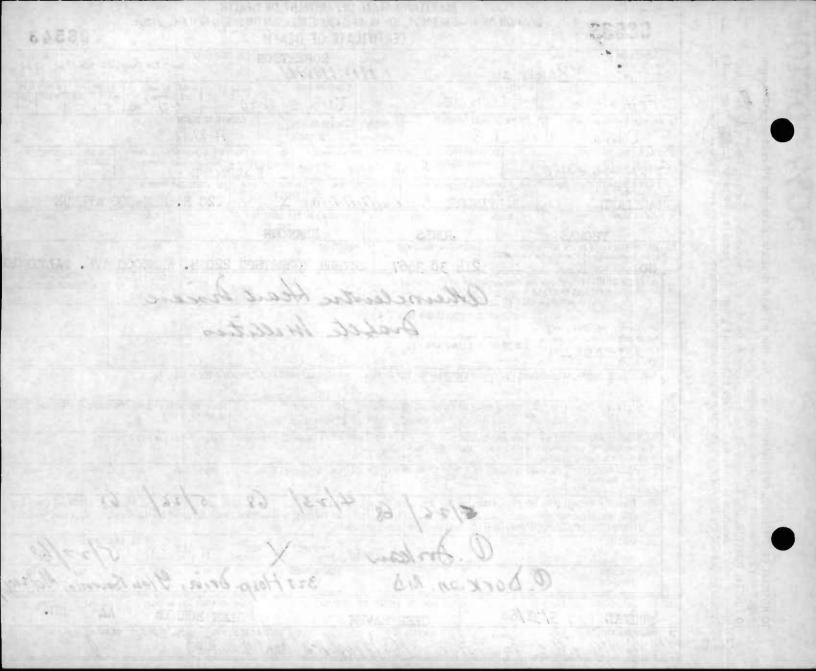
CERTIFICATE OF DEATH

06543

			THE OF BEATTI						
(1	CEASED-NAME First Middle Per or print) Reath A	\mathcal{R}_{s}	LOROBERTS ON	Manth M# y Do	ay 26 Year 1968 11 30 M				
3. SE	Female 4. RACE white		5. DATE OF BIRTH July 5, 18	9 C 6. AGE (In years last birthday) 7 7 YRS.	MONTHS OAYS HOURS MIN.				
cour	SIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY?	WIDOWED		9. COUNTY OF DEATH A.N.A.	Md				
6	Flen Burnie give street address)		u idama during m	AL OCCUPATION (Kind of work done ost of working life, even if retired.)					
admi	USUAL RESIDENCE (Where deceased lived, if institution: Residence issian) STATE 13b. COUNTY BALT-TMORE.	befare 13c CITY OR		IMITS? 13e. STREET AND NUMBER 220 N. KENWO	OOD AVENUE				
14. 6	ATHER'S NAME First Middle THOMAS JON		S. MOTHER'S MAIDEN NAME F	First Middle	Last				
	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, or unknown) (If yes give war or dates of service) NO 27), 38	The State of the S	NFORMANT RTHUR ROBERTS	Address SON 220 N. KENWOO	DD AVE. BALTIMO				
	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUE (c) Stoting the underlying cause (a). Last. (c)	nce Dras	tre Hear	t Driene	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 260 X 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION		20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING				
MEDICAL CERT	Grant Countributing Cause of OEATH HOUR A.M. Month Day Year [If either, natify medical examiner] P.M. 19 [21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Gity or Town Country State								
	While Not while 1 22a. I certify that (I) (this hospital) attended the assown the deceased alive on causes stated obave, (I) (we) (did) (did nat) vie		d that in (my) (our) op death.		9 68, that (I) (we) las date and haur and from the				
	22d. PHYSICIAN'S NAME (Type) O. DORKAN	1/2 /	22e. ADDRESS	MED. STAFF DIRECTOR DPHYS. D	15/27/68 Bernie Md 210				
23a.		ME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town) GLEN BURNIE	(Caunty) MState)				
24		DDRESS RAH		2 8 1968 25b. REGISTRAR	S SIGNATURE IN STREET				

Poge 4 may be retoined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove carbon capes. Pages 4 and 2 director, page 3 should be factorhed for use os the burial, cremotion, or removol, and in any event, within 72 hours ofter death. VR A15 (4) 30M REV. 1/68

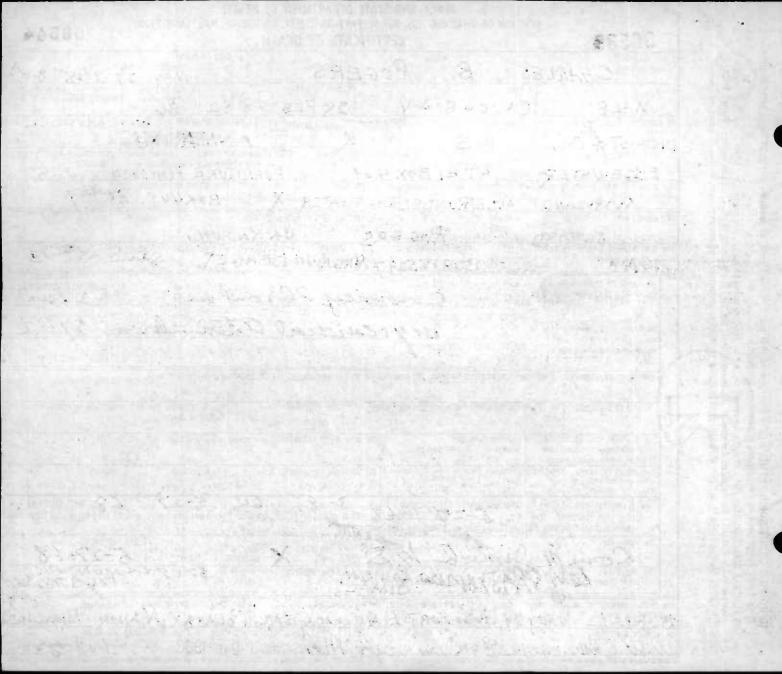


IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the furdirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after

	40003	CERTIFICA	ALE OF DEATH		
I. D	DECEASED-NAME First (Type or print) C HARIES	Middle D		DATE OF DEATH Month Day	Year 2b. HOUR
	CITALLEG	3. KOGE		MAY 2	7 1968 8,15 M
3. S.			S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	MALE CAUCA	ASIAN	28 FEB 18	82 86 YRS.	
	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT	COUNTRY? B. MARRIED	NEVER MARRIED 9. CC	DUNTY OF DEATH ANN	EKUNDEL
5	istrict of Col. U.	S WIDOWED	DIVORCED 🗌 🛕	NARAMARET	Md.
10.	give stre	OF HOSPITAL OR INSTITUTION (If not address)	d <u>uri</u> ng mast at	CUPATION (Kind of work dane (warking life, wen if retired,)	12b. KIND OF BUSINESS OR INDUSTRY
130.	EDGEWATER RT. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before 113c CITY OR I		13e. STREET AND NUMBER	R V.S.
	oissign) STATE 1126 COUNTY	RUNDEL EDGEL	wee feet we la	BOX469, 7	X#1
14.	FATHER'S NAME First Middle	-	MOTHER'S MAIDEN NAME First	Middle #	Lost
160	*KICHARD D. WAS DECEASED EVER IN U.S. ARMED FORCES? 116	B. SOCIAL SECURITY NO. 177. INI	FORMANT ON KN		- N
	Yes, no, or unknown) (If yes give war or dates of service)	578185297 MI	RSRUTH BERG	ER, SAM	E ASTE 13
	18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY:		20.	0 1	APPROXIMATE INTERVAL BETWEEN ONSON AND OEATH
	IMMEDIATE CAUSE (a)	Coronas	y deron	bores	2 lus.
		CONSEQUENCE OF My 4 0 Consequence	0,00	+	1 xuss-x
	Canditians, if any, which gave (b).	myoca	ideal in	revolution	9 3/2/
	stating the underlying cause DUE TO, OR AS A	CONSEQUENCE OF			
	last. (c)	O TO DEATH BUT NOT DELATED TO	THE TENNIAL DISCUSS OF COURT	TION ONES IN DIOT 1/ 1	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT KETATED TO	THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART I(0)	
LION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
CERTIFICATION	170. DATE OF OF EXAMON 170. CONDITION FOR WHICH	OFERATION WAS FERFORMED	YES NO	CAUSES OF DEATH?	ONSIDERED IN CERTIFORMS
		JURY 21c. HOW	V INJURY OCCURRED (Enter natu	ure af injury in Part 1 or Part 2,	Item IB.)
MEDICAL	(If either, natify medical examiner) P.M.	19			
W		HOME, FARM, STREET, FACTORY,) 21f. LOC FICE BUILDING, ETC.	ATION Street ar R.F.D. Na.	City or Town	Caunty State
	220. I certify that (I) (this hospital) attend	led the deceased fram	3-9,1964	, to 5-17, 19	Q, that (I) (we) last
	saw the deceased alive an causes stated abave, (I) (we) (did) (di	27_196 8, and	that in (my) (aur) apinfor	n death accurred on the do	te and hour and from the
	22b. SIGNATURE Simo	el H. DEGRE	ATTENDING MED. PHYS. DIRECT	STAFF C	DATE SIGNED
	22d. PHYSICIAN'S NAME (Type)	MARCH LOUISA	22e. ADDRESS	\$705-64	MONT PRIVILE
23a.	BURIAL CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR C	REMATORY 23c	d. LOCATION (City or Town)	(Caunty) (Stote)
8	10 RT X (2001) May 39, 1968	FORT LINCO	OLN CEM. (OLMAR MAN	IOR MARYLAND
24.	FUNERAL DIRECTOR	P ADDRESS	411 MANG	GISTRAR 25b. REGISTRAR'S	SIGNATURE
V	VIV CANIFICACIO	Jum water,	1119/ DATE MAI	5 5 1040 1	1 0



DIVISION OF VITAL RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

ATE OF DE	ATH	06545
lost	20 DATE OF DEATH	2h HC

	ECEASED-NAME Type or print)	First G	eorge	Middle Clayto	n	Lost Russe	11	20. DATE OF E	DEATH Mon#9	Da 2	68	2b. HOUR 9:10
3. SE	EX	2.27	4. RACE			S.,DATE OF BI			6. AGE (In ye	ors 1	F UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		Whi	te		9/6	/94		lost The lost	3 YRS.	ONTHS DAYS	HOURS MIN.
7o. I	BIRTHPLACE (Stote or f	oreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED WIDOWED	NEVER MAR	RIED 9	COUNTY OF	DEATH A PUR	dek		
10 (CITY OR TOWN OF DEA	TH		ME OF HOSPITAL OR INST				OCCUPATION (Kind of work	k done	12b. KIND OF	Md.
	Crownsvil:	lle	cyd	white it	State	Hosp.	during [7]	tolynomics li			INDUSTRY	
13o. odm	USUAL RESIDENCE (WInission) STATE Laryland	nere deceos	13b. SOUNTY M	n: Residence before	rsc. city or Holl	ywood	YES NO		eet and num	Ber Box:	366	
14. 1		irst ames	Middle Berna	rd Russ		. MOTHER'S MA	IDEN NAME Firs	avine	Mi	iddle	Mo	rgan
160.	WAS DECEASED EVER Yes, no, or unknown)	IN U.S. ARA (If yes give w	NED FORCES? or or dates of service)	16b. SOCIAL SECURITY NO. 213428705	D. 17. 1	NFORMANT Spital	Recor	ds, Cr	ownsv Vanuo	dress ille		
	Conditions, if only, we rise to immediate a stating the underly lost. PART 2. OTHER SIGN	was causer IMMEDIA which gove couse (o), ing couse	DUE TO, OR AS (b) A DUE TO, OR AS (b) A (c) (c) DITIONS CONTRIBUT	A CONSEQUENCE OF A CONSEQUENCE OF ING TO DEATH BUT NO	T RELATED TO) THE TERMINAL		NDITION GIVEN	IN PART 1(o)		BETWEEN O	MATE INTERVAL NSET AND DEATH
MEDICAL CERTIFICATION	190. DATE OF OPERATI	ON 19b.	condition for which	H OPERATION WAS PER	FORMED	20o. AUTO	PSY?		YES, WERE FIN OF DEATH?	IDINGS CON	NSIDERED IN C	RTIFYING
DICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	CAUSE OF DEAT	H HOUR A.M. P.M.	Month Doy Yeor		OW INJURY OCC	URRED (Enter	noture of injury	in Port 1 or	Port 2, Ite	em 18.)	
W	21d. INJURY OCCURR While Not while of work of work			AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		OCATION Stree			or Town		County	Stote
	22a. I certify the	at (H)-(th	is haspital) atter live an 5, (I) (we) (did) (did nat) view the b	d from ady after	每/18 d that in (m death.	, 19 <u>.68</u> y) (aur) apin	ian death a	ccurred an	the date	e and haur	(1) (we) last and fram the
		110	went	V-	DEGR	11112.	LI DIF	D. RECTOR	STAFF PHYS.		3/68	
C.	22d. PHYSICIAN'S NAME (Type)	L. B	enedict,	M.D.		22e. ADD	nsvill	e State	e Hosp	, Ma	rylan	j
230.	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b.	DATE 16/168	23c. NAME OF C	EMETERY OR			23d. LOCATION	N (City or Tow		(County)	(Stote)
24.	FUNERAL DIRECTOR		TINCLEY	ADDRESS			2So. REC'D BY	REGISTRAR	2Sb. REG 1968	ISTRAR'S SI		udge

FONAROTOWN

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. or death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 4 and should be filed with the State Dept. af Health prior to burial, cremation, or removal, and in ony event, within 72 hours after deat Poge 4 moy be retained by the haspital or ottending physicion.

VR 415 (4) 30M REV 7 68

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06541 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH h COUNTY a. STATE a. COUNTY Anne Arundel New York MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 5 mos., 12 yr Savs ours Amityville e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS popersi nin 77 nin .= filled Angel Guardian Home YES NO 1 Children's Center Hospital 4. DATE Manth Year NAME OF Middle Last physician ond completely t en please remove corbon and in any event, wit DECEASED Sabo Anthony 2 19 68 DEATH (Type ar print) IF UNDER 1 YEAR IF LINDER 24 HRS 9. AGE (In years 8 DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Davs Hours 11/4/52 DIVORCED WIDOWED White Male 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY New York None 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME removal, ottending phys Dorothy Ann Sabo Unknown 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. Children's Center Hospital 0 No Laurel . Mary land cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia, right IMMEDIATE CAUSE (a)_ DUF TO burial, Conditions, if ony, which gave 15 years Hydrocaphalus rise ta immediate cause (a), DUF TO stoting the underlying couse be retained by the hospital or attending os the prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has CFRTIFICATION detached for use te Dept. of Health NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) (City ar town) (County) 20d INILIRY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. TO FUNERAL DIRECTOR: After 1968, that (1) 1400() lost . 19 55 . to 21. I certify that (I) (this hospital) attended the deceased from_ 11/18 19 68, and that death occurred at 2:15M, from couses and on the date stated above. saw the deceased alive on_ 5/2/ 22b. DATE SIGNED 22g SIGNATURE 5/2/68 DIRECTOR M.D. PHYS director, page 3 should be filed v 22d. ADDRESS Children's Center 22c. PHYSICIAN'S Dr. Rolando Goco NAME (Type) Laurel Maryland 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION REMOVAL (Specify) Children's Center Cemetery Laurel A.A., Md. 5/3/68 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 1968 VR A15 (4) DAVAY

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deoth.

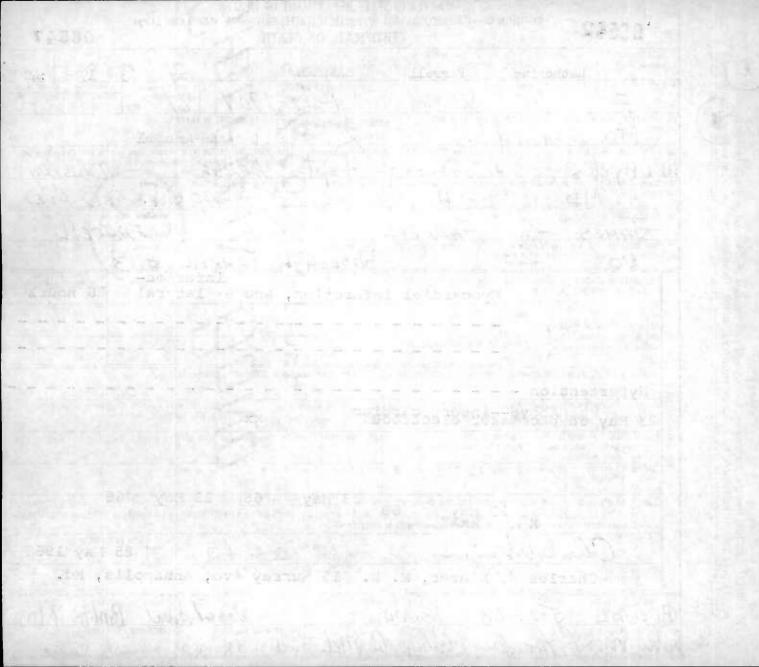
the deoth certificate be executed within 24 haurs after

OR ATTENDING PHYSICIAN: The law requires that

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06547 CERTIFICATE OF DEATH 2b. HOUR P 1. DECEASED-NAME First Middle Last 2o. DATE OF DEATH (Type ar print) Katherine Farrell SANDERS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State ar foreign 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED DIVORCED [WIDOWEDV Anne Arundel 12o. USUAL OCCUPATION (Kind of work done CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136 CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle physician c 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) VOSED APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Myocardial infarction, acute lateral hours cremation, or DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the buriol-tronsit p buriol, cremation rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to TO FUNERAL DIRECTOR: After this certificate has been Hypertendion 190. Date of Operation 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 23 May 68 pacemaker electrode 19o. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO PXX YES 🖂 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while ot work 22a. I certify that (I) (this haspital) attended the deceased from 23 May, 1968, to 23 May, 1968, that (I) (we) last saw the deceased alive an 23 May 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (all not view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR 25 May 1968 director, page 3 should be filed w DEGREE Murray Ave, Annapolis, Md. Kinzer, M. D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION. MORRAINE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06548 CERTIFICATE OF DEATH Middle Lost 2a. DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type ar print) Month Augusta Schmidt 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS. last birthday) Female White 2-14-88 7o. 8IRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | country) Germany USA WIDOWED -DIVORCED | Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Glen Burnie give street address) during mast of warking life, even if retired.) INDUSTRY North Arundel
Residence before 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Marley Park 13b. COUNTY A. A. admission) STATE Md. YES Glen Burni 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Last First 004 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dotes of service) BerTha 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave ; rise ta immediate couse (a). DUE TO, OR AS stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town Caunty While Not while at wark at wark -22a. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive an. 1968, and that in (my) (our) opinian death accurred on the date and hour and from the

physician ond completely filled in by the en pleose remove corbon papers. Poges ovol, and in onv event, within 72 hours after cremation, or removol, and in the attending phys burial-tronsit permit. signed by be retained by the hospital or ottending physician. burial, os the has been of Health prior to use O FUNERAL DIRECTOR: After this certificate for detached Dept. should , page 3 should be filed with the

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PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)

causes stated abave, (1) (we) (did) (did nat) view the bady after death.

DEGREE 22e. ADDRESS 3 DIRECTOR

23d. LOCATION (City-or

22c. DATE SIGNED

23a. BURIAL CREMATION. REMOVAL (Specify) 24. FUNERAL DIRECTOR

23b. DATE

NAME OF CEMETERY OR CREMATORY Flen Have Memorial

(County)

(Stote)

REC'D BY REGISTRAP AS 1968

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

director, should

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(7)						RTIFICATE OF			1) (8550
/		CEASED-NAME (pe or print)	First		Middle	Lost		o. DATE OF DEATH Month	Day Year	2b. HOUP
			John		Allan	SCHUSTER		Мау	41, 198	
	3. SE.	m -	4.	RACE /	1	S. DATE OF B		6. AGE (In ye lost birthdo	y) MONTHS DA	
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	10.6	TY OR TOWN OF	ed, My	UJA HANGO	1.	WIDOWED DIVO		Anne Arunde		OF BUSINESS OR
	10. 0	INNOPO		give street of		Official in not in nospitor	during most of	f working life, even if re	tired.) INDUSTRY	
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2		ision) STATE		b. COUNTY	A ,	ANNAPOLIS	YES NO	0 1 11	Box /20	2
	14. F	ATHER'S NAME	First	Middle	Lost	-	AIDEN NAME First	\wedge	iddle	Lost
	1/2	-harl	VER IN U.S. ARMED FO) c	SOCIAL SECURITY NO	17. INFORMANT	nn E.	BARROWS	dress	
ľ		es, no, or unknown			5.05 · 4	255 Ruth	. Schost		30ve	
		18. CAUSE OF D	EATH (Enter only one	couse per line for	(o), (b), gnd (c).)	. 17		1	APPI BETWE	ROXIMATE INTERVAL EN ONSET AND GEATH
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAI	USE (o)	who	e Hen	wit	regr	4	hre-
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п		Conditions, if on rise to immedia		(b) (d)	mu	wind 1	ance	worde	some -	yr,
		stoting the und		DUE TO, OR IS A C	ONSEQUENCE OF	5				
		lost.)	(c) V						
		PART 2. OTHER S	SIGNIFICANT CONDITION	NS CONTRIBUTING 1	TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE OR CONDI	ITION GIVEN IN PART 1(o)		
	NO	33/)	(TION FOR WHILE OF	ALDATION WAS DEDS	DAMED DO LUTE	2000	Look is were within the	IDINIOS CONSIDERES II	N. CERTICVING
1	CERTIFICATION	190. DATE OF OPE	KATION 190. CONDI	TION FOR WHICH OF	PEKATION WAS PEKE			20b. IF YES, WERE FIN	IDINGS CONSIDERED II	V CERTIFIING
-	ERTI	210 ACCIDENT V	VAS UNDERLYING	21b. TIME OF INJUI	DV		CUPPED (Enter not)	ure of injury in Port 1 or	Port 2 Item 183	
		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. Moi	nth Doy Yeor	Zic now mook? oc	CORRED (EINE) HON	ore or injury in ron r or	1011 2, 11 0 111 10.)	
ì	MEDICAL	21d. INJURY OCC	medical exominer)	OF INJURY (AT HO	ME, FARM, STREET, FACTO BUILDING, ETC.	Y.) 21f. LOCATION Street	et or R.F.D. No.	City or Town	County	State
		While Not w	vhile ork	_					3.1	
		22a. I certify	that (I) (this ha	spital) attended	d the deceased	fram 1	2 - 195	, ta	1968, th	at (1) (we) last
i		saw the	deceased alive of stated abave. (1)	n(we) (did) (did)	nat) view the bo	dv after death.	ny) (aur) apinior	, ta n death occurred an	the date and ha	ur and tram the
		22b. SIGNATURE	, 11	10	11				22c. DATE SIGNED	
		Fri	one	Alu	nes	DEGREE PHYS.	ING MED.	TOR PHYS.	3-13	9
		22d. PHYSICIAN'S NAME (Type		54:1	lede	22e. ADI	DRESS			
	230.	BURIAL, CREMATI	ON, 23b. DATE	- my	23c. AME OF CE	METERY OR CREMATORY	230	d. LOCATION (City or Tow	vn) (County)	(Stote)
A	B	REMOVAL (Specific	1) 5/1	4/68	Glen	Hoven		Slen Bui	evie AA	Med
3	24,	FUNERAL DIRECTO	By Fune	al Ho	ADDRESS ADDRESS	NAPOLKMa	BAY	GISTRAR 2Sb. REG	ISTRAR'S SIGNATURE	ludae.
	1	www	7 0000	7401	, , , , ,		DATE WITH	10 1000		

mine charge. An alone are suffer with water an an analysis. the home of the state of the st August 1 s - Avans Alemande I Councy. Central Himmertage Jumbjet arles relian yo. 5-11 (8 112.5) 3 11 68 My 213 11 - 1513 11

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 72 hours after death.

30M REV 68

be executed within 24 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate,

Poge 4 moy be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

D 8 15 15				CERTIFIC	ATE OF	DEATH			079	54
1. DECEASED-NAM		irst	Middle		Last	2	a. DATE OF DEATH	D	V	2b. HOUR
(Type ar print	Cl	harles	D		Scot	t	Manth 5	Day	Yegr 3 68	5:30a
3. SEX		4. RACE			5. DATE OF BI		6. AGE (In	rears	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male		Ne	egro		1/	5/01	last birthd	YRS.	MONTHS CIAYS	HOURS MIN.
. BIRTHPLACE	(State ar fareign	7b. CITIZEN OF WH		8. MARRIED	NEVER MAR		OUNTY OF DEATH			
auntry)	nown	Unkr	nown	WIDOWED		RCED 🗆	Anne Arur	Labo		Md
O. CITY OR TOW			ME OF HOSPITAL OR INS	STITUTION (If n	at in haspital	12a. USUAL O	CCUPATION (Kind of wo	rk dane	12b. KIND OF	
Classical	~~~*17~	give s	treet address)	Ctata	Haam	during mast o	of warking life, even if	etired.)	INDUSTRY	
	sville DENCE (Where der	ceased lived, if instituti	ownsville	13c CITY OF	TOWN I	13d, INSIDE CITY LIMITS?		MBER	1	
admission) STA	TE	13b. COUNTY	/	2.1.		YES NO	2).20 16			
Mary 4. FATHER'S NA	Land ME First	Middle	Last	Baltin	S MOTHER'S MA	AIDEN NAME First	1)118 Mad	VISON Middle	Avenue	Last
i. Initial 2 in	11/31				3. MOTHER 3 M	NIDEN NAME THIS				2031
An WAS DECEA	SED EVER IN U.S.	ARMED FORCESS	771 116b. SOCIAL SECURITY I	NO 117	INFORMANT		Unknown	ddress		
Yes, na, ar un unknow	knawn) (If yes g	give war or dates of service)				l Dooma	s. Crownsvi		Mozarlo	m d
			unknown		iospita	r vecord	S, Crownsvi	TTE,	APPROXII	MATE INTERVAL
		r anly ane cause per lin							BETWEEN O	NSET AND DEATH
TAIK!	IMM	USED BY: IEDIATE CAUSE (a)AJ	rterioscle	rotic	cardio	vascular	disease			
141	29		S A CONSEQUENCE OF						77/12	
	, if an <mark>y</mark> , which ga mediate cause (c					THE PER				
	underlying cau		S A CONSEQUENCE OF							
last.		_) (c)								
PART 2. O	THER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED T	O THE TERMINA	L DISEASE OR COND	DITION GIVEN IN PART 1(1)		
× 4221	CI	hronic brai	in syndrom	ie						
19a. DATE C	F OPERATION 1	19b. CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?	20b. IF YES, WERE F	NDINGS (O	NSIDERED IN CI	ERTIFYING
	St. (2)				YES	NO 🗌	CAUSES OF DEATH?			
	ENT WAS UNDER				OW INJURY OCC	URRED (Enter na	ture of injury in Part 1 o	r Part 2, It	em 18.)	
☐ OR CONTR	BUTING CAUSE OF natify medical exc	OEATH HOUR A.M.	Manth Day Year							
	Y OCCURRED 1	21e. PLACE OF INJURY			OCATION Stree	et ar R.F.D. Na.	City ar Tawn		Caunty	State
While _	Nat while at wark		OFFICE BUILDING, ETC.	/						
		(this haspital) atte	nded the decense	ed from 5	/5	1950	_, ta_ <u>5/23</u>	19	68 that	(I) (we) los
saw	the deceased	d alive an 5	/23/1	9.68, an	d that in (m	y) (aur) apinia	n death accurred a	n the dat	e and hour	and fram the
		ave, (I) (we) (did) (did nat) view the	bady after	death.					
22b SIGNA	TURE	05	1 1	4 170	ATTENDIN	NG MED.	STAFF F	22c. D.	ATE SIGNED	
10	lane	W K, 1/6	were h	1. D DEGI	REE PHYS.	DIREC	TOR PHYS.] 5/2	23/68	
22d. PHYS					22e. ADD					
NAME	(Type) Cha	rles Vente	r, M.D.	7901.0	Crow	nsville	State Hosp	tal,	Maryla	and
3a. BURIAL, CR		3b. DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23	3d. LOCATION (City or To	wn)	(Caunty)	(State)
REMOVAL (Specify)	1/26/68	Anntone	Board	U.d No	1.				
24. FUNERAL DI	RECTOR	, ,	ADDRES		7 7	2Sa. REC'D BY RE	EGISTRAR 2Sb. RE	GISTRAR'S S	GNATHRE	. 6:

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	ne:	Z		N OF VITAL RECO		TIFICATE OF				065	551
1.	DECEASED-NAME (Type or print)	Nola	irst L	B. Middle		Scott Lost		2o. DATE	OF DEATH 5 Month 1 C	Doy 68 Yeor	2b. HOUR 2:55A
3.	SEX Female		4. RACE	White		S. DATE OF 4-12	BIRTH 2-96		6. AGE (In years lost birthdoy)	IF UNDER I YEAR MONTHS DAYS S.	IF UNDER 24 HRS. HOURS MIN.
70. co	BIRTHPLACE (SI	ote or foreign		OF WHAT COUNTRY?	8. MA	RRIED NEVER MA	ARRIED	9. COUNTY (OF DEATH Arundel C	0.	M
	dir or town len Bur	_		11. NAME OF HOSPITAL	or instituti ndel H	ON (If not in hospitol			ON (Kind of work doning life, even if retired.		BUSINESS OR
13d	o. USUAL RESIDE mission) STATE AT a Dama	NCE (Where de	ceosed lived, if	institution: Residence being Co.	efore 13c. (Bi	TTY OR TOWN	13d. INSIDE CITY YES 📉 N		STREET AND NUMBER 20 41 st	Ave. N	
14	. FATHER'S NAME	First	N	SHEF	ost FIEL	IS. MOTHER'S I	2		Middle		Lost
16	yes, no, or unkn		ARMED FORCES give war or dates of se		JRITY NO.	17. INFORMANT	SCOTT	RT. 2.	Address	GLENBU	RNIG
	rise to imme stoting the lost. 42	ony, which go diote couse (underlying cou	o), see	O, OR AS A CONSEQUENT B) A CONSEQUENT O, OR AS A CONSEQUENT (CONTROL OF THE TOTAL OF T	CE OF A	ispinal investigation of the terminal control of the t	snia Palie and	& to	ndlie	disea	ia ia
CERTIFICATION	19o. DATE OF	PERATION	9b. CONDITION	OR WHICH OPERATION W		ED 20o. AUT		CALIG	IF YES, WERE FINDINGS SES OF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL CER	G (If either, not	T WAS UNDER	DEATH HOU	TIME OF INJURY R A.M. Month Doy P.M.	Yeor 19				jury in Port 1 or Port	2, Item 18.)	
8	While No	OCCURRED :	21e. PLACE OF II	VJURY (AT HOME, FARM, STR OFFICE BUILDING, ET	EET, FACTORY.)	21f. LOCATION Str	eet or R.F.D. No	o. Ci	ty or Town	County	Stote
	22a. I cert saw t	ify that (I) he deceased s st o fed ab	(this hospito dalive an_ove, (I) (we)	(did) (did not) view	ceased from 1968 the body	m	ny) (aur) ap	, ta_ inian death	n accurred an the	9 <u>68</u> , that date and haur	(I) <u>(we)</u> la and fram th
	22b. SIGNATU	2.4	1. de	bugm	an		120	MED.	STAFF 22 PHYS. \(\sigma\)	c. DATE SIGNED	7
	22d. PHYSICIA NAME (T		A. C	te 642	MA		LEN	SURI	VIE N	10.2	1861
23	o. BURIAL, CREN REMOVAL (Sp.	1.0 .	3b. DATE /		VEST	RY OR CREMATORY			TION (City or Town)	(County) ALA	(Stote)

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ho

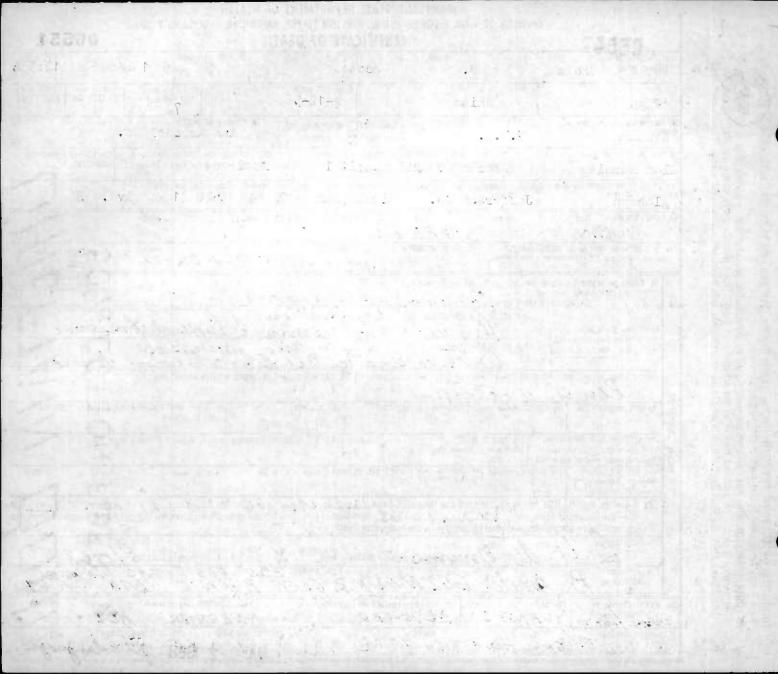
Page 4 may be retoined by the hospital or ottending physician.

230. BURIAL, CREMATION,
REMOVAL (Specify)
PORTAL FEET
24. FUNERAL DIRECTOR
CLERICH ADDRESS TBALTO FUNERAL HOME.

WHIRRIOR 2So. REC'D BY REGISTRAR

DATE

2Sb. REGISTRAR'S SIGNATURE



06543

MARYLAND STATE DEPARTMENT OF HEALTH

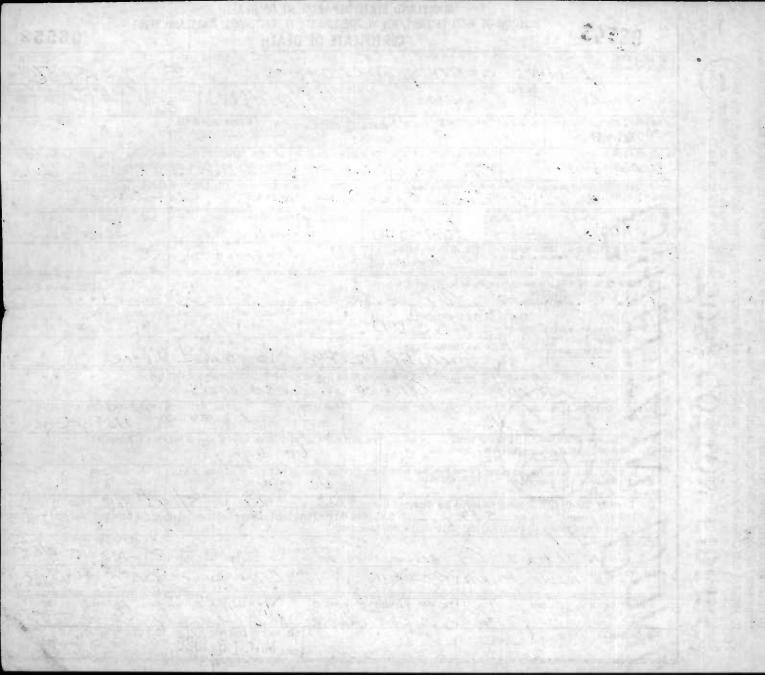
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, I
CERTIFICATE OF DEATH

PRESTON SIKEET, BAL	HIMUKE, MAKTLAND 21201		
ICATE OF DEATH		9.6	55

		YPE OF PRINT)	First	4.6.6	Middle	C	Last		. DATE OF DEATH Month Day	Zb. HOUR	
	3. SE	FY	Can	1es	Henry	Is.	DATE OF BIRTH,	5	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.	
		mal	e-		color.	K	10/10	1/89	YRS.	MONTHS DAYS HOURS MIN.	
	7a. E caun	BIRTHPLACE (State or nitry) Haryla	- 3	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED WIDOWED	MEVER MARRIED DIVORCED]	Anne Arend	el e. Md.	
6	(COWN OF DE	ville	gives	AME OF HOSPITAL OR INS street oddress)	0.			UPATION (Kind of work done warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
8		USUAL RESIDENCE (Wissian) STATE	there decease	13h FOUNTY	n: Residence befare	13c, CITY OR TO		NO [13e. STREET AND NUMBER	sted.	
7	14. F	Philip	First	Middle	Serogg		MOTHER'S MADEN N	IAME First	Middle	Serocains	
		WAS DECEASED EVER 'es, na, ar unknawn)		ED FORCES? or ar dates of service)	16b. SOCIAL SECURITYN		ORMANT Pa	tieu	to record.	18	
		18. CAUSE OF DEA' PART I. DEATH	WAS CAUSED		ne for (o), (b), ond (c).)	1/ .	duce.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		Conditions, if any, wrise to immediate stating the underlulest.	which gave) couse (o),	DUE TO, OR A	S A CONSEQUENCE OF A SONSEQUENCE OF STOCKED AS	onee	Citus ;	faue	cenest big to	e.	
	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 169									
2	CERTIFICATION	19a. DATE OF OPERAT	10N 19b. 0	ONDITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUTOPSY? YES	NO E	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	onsidered in certifying lot dene.	
	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify me	CAUSE OF DEATH	HOUR A.M.	INJURY Manth Day Year	21c. HOW	INJURY OCCURRED	(Enter natur	re of injury in Part 1 ar Part 2,	Item 18.)	
i	ME	21d. INJURY OCCUR While Nat while at wark at wark	9 1	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY,) 21f. LOCA	TION Street or RV	D. No.	City or Town	Caunty State	
N.	Y	saw the de	eceosed of	ive on 5	ended the deceose (did not) view the b	68, ond 1	hot in (my) (ou oth.	19 <u>6 /</u> , r) opinion	, to5/_4/_, 19, deoth occurred on the do	te ond hour ond from the	
Ĭ		22b. SIGNATURE	lu	un 6	22 buis	DEGREE	ATTENDING PHYS.	MED.	OR STAFF 22c.	may 5. 1988	
		22d. PHYSICIAN'S NAME (Type)	Rofi	k Hun	in oxe	nle	22e. ADDRESS	Crow.	neville 8tat.	e HospHae.	
		BURIAL, CREMATION, REMOVAL (Specify)	23b. D	ATE /7/6	8 23c. NAME DF C	EMETERY OR CR	UN M.	d (LOCATION (City or Town)	(County) (State)	
8	24.	FUNERAL DIRECTOR	MON	FUNEF	RAL HOM	E		MAT 1		SIGNATURE CHARACTER	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shortd be detached for use as the burial-transit permit. Then please remove carbon papers. Pages are as a should be filed with the State Debt. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Poge 4 moy be retained by the haspital or attending physicion. VR ATS

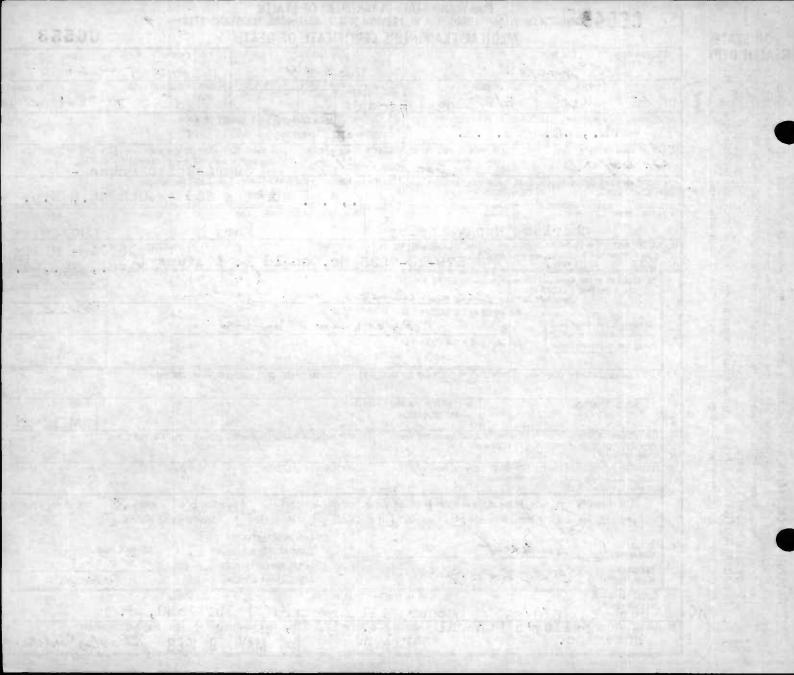
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH 1 6 5 4 Solvision of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201 06553 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Yeor 2b. HOUR (Type ar Print) ESTI-Page p SeLB DEATH MATED 4. RACE S. DATE OF BIRTH IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 2d. HOUR and last birthday) /9/1892 Yeor 7 FYRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED EVER MARRIED 9 COUNTY OF DEATH Item 18. Give Pages 1, Office alang with farm country) Wash., D.C U.S.A. WIDOWED DIVORCED [the State hours after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) INDUSTRY
Guard-White House with death. 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 239 -40th St., YES X NO Wash. D land 2 after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Charles Hengy Selby Mary Dovle Examiner's pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within penci (Yes, no, or unknown) 579-10-7533 Mr. Donald B. Williams 08 File ⊆ within 9Nephew be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) Chelenoselesasis DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), This certificate shauld writing the word DUF TO OR AS A CONSEQUENCE stating the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, shauld be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld HOUR A.M MEDICAL PRIMARY OR CONTRIBUTING SICAL EXAMINER: crematian, CAUSE OF DEATH P.M 21d, INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote Page foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection . Inquiry . and in my opinion the funeral directar. Notural couses . Accident . Suicide [deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Suitland, Md. Cedar Hill Cemetery Nalley's Funeral ADDRESS Mt. Rainie 1259 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Home Maryland Inc. Milarles Judge

DATE

VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 06550 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH eral (Type or print) Month SHAWN Na om i Esther 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [Anne Arundel CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) carban 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY physician and campletely ASC. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed remave 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First please 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no prugknawn) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO has been 19g, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 MUTOPSY? CAUSES OF DEATH? YES 🖂 certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY jo OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town While Nat while at wark at wark 22a. Leertify that (1) (this hospital) attended the deceased from ________ saw the deceased alive on. causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING STAFF PHYS. DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S

O FUNERAL DIRECTOR: After this director, page should be filed 30M REV. 1/68

NAME (Type)

BURIAL, CREMATION

FUNERAL DIRECTOR

23b. DATE

APPROXIMATE INTERVA BETWEEN ONSET AND GEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) State Caunty 1968, and that in (my) (our) apinion death accurred on the date and have and from the 22c. DATE SIGNED 22e. ADDRESS 23 NAME OF CEMETERY OR CREMAJORY (County) 2Sb. REGISTRAR'S SIGNATURE

1968

DAYS

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS.

HOURS

IF UNDER 1 YEAR

TOUCE IL

MONTHS

THE COURSE OF STATE O

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06553 CERTIFICATE OF DEATH 06555 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH First 2b. HOUR A (Type or print) SHIPLEY Thelma Margaret 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. last birthday) White October 18, 1898 Female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT, COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED Baltimore Md U/ S WIDOWED | DIVORCED [Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Arundel General Hosp Stewart & Co. Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? YES Route 1 Box 46 A Arnold 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Lost J. Walter Creager Catherine Faulk 16g. WAS DECEASED EVER IN ILS. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknown) Mr. Alan H. Shinley Rt 1 Box 46 A Arnold Md 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO F 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State White Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 3/20, 19, ta 5/35, 19, that (I) (we) last saw the deceased alive an 5/25, 19, and that in (my) (our) opinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 121 Cathedral St., Annapolis, Md. NAME (Type) Robert O. Biern, M.D. 23c. NAME DF CEMETERY OR CREMATORY
Western Cemete 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (Stote)

and completely fi × signed by the burial-transit p O FUNERAL DIRECTOR: After this certificate has been os the for directar, page 3

requires that the death certificate be executed within 24 hours often

ges

30M REV.

24. FUNERAL DIRECTOR

BEMOVAL (Specify)

237 Patapsco Ave. 21225

ADDRESS

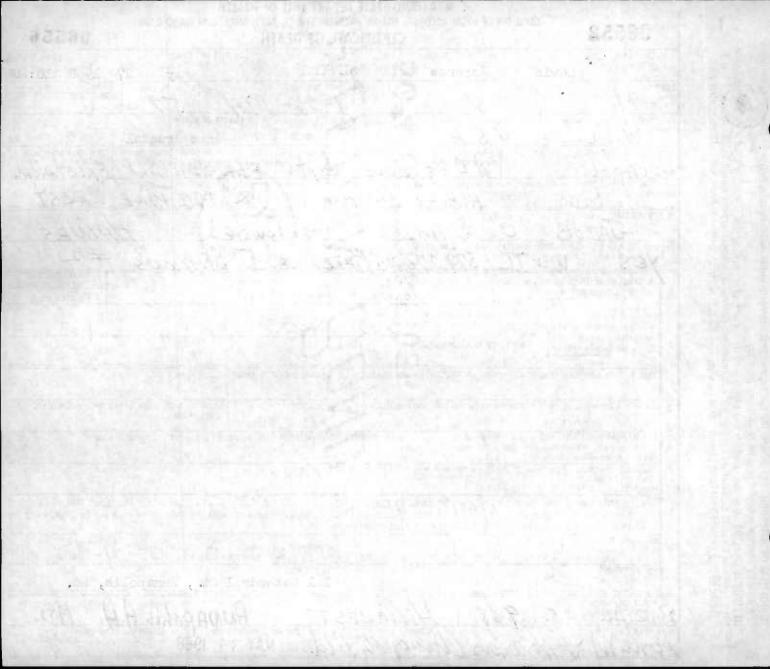
Cemetery

Baltimore, Maryland

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		0 Are. 21225		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06552 06556 CERTIFICATE OF DEATH 1. DECFASED-NAME First Lost 2g. DATE OF DEATH 2b. HOUR A death. and (Type or print) Month SIMMONS Edwin Clarence 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED [Anne Arundel 12a. USUAL OCCUPATION (Kind of work dane ATY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of warking life, even if refired.) requires that the death certificate be executed with and campletely and in any event, 13c CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY remave 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes ho or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit burial, cremati rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19a. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO [be detached far use State Dept. af Health TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram 5 / 2 / to 27/63 and that in (my) (aur) opinion death occurred on the date and haur and from the saw the deceased alive on. director, page 3 shauld Shauld be filed with the causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE/SIGNED/ MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) CHURCH 121 Cathedral St., Annapolis, Md. (TON MA) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION Marley 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06550

and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in **by the** funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages, and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 2 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of Page 4 may be retained by the haspital ar attending physician.

400000		CEKI	IFICALE OF DEATH		000	47
1. DECEASED-NAME (Type or print) Mint	First n ie	Middle B. Si	Lost Lmmons	20. DATE OF DEATH Month May	oy Yeor	2b. HOUR
3. SEX	4. RACE	Thite	s. DATE OF BIRTH 11-2-1900	6. AGE (In years last-birthdoy)	MONTHS DAYS HO	URS MIN.
7a. BIRTHPLACE (State or foreign country) West Virg	7b. CITIZEN OF WHAT O	OUNTRY? 8. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Anne Arund		M
10. CITY OR TOWN OF DEATH Glen Burnie	11. NAME (give street	OF HOSPITAL OR INSTITUTION TO A CONTROL OF THE CONT	iel General	IAL OCCUPATION (Kind of work done nost of working life, even if retired.)		NESS OR
13o. USUAL RESIDENCE (Where odmission) STATE Md.	deceosed lived, if institution: 13b. COUNTY	Kesidelice belole 13c. C	ITT OK TOTAL	13e. STREET AND NUMBER 298 Oakwoo	d Rd.	
14. FATHER'S NAME First	Middle KNOWN	Lost Mayo	1S. MOTHER'S MAIDEN NAME		lnknown	Lost
160. WAS DECEASED EVER IN U Yes, no or unknown) (If	une nive were as dates of convent	. SOCIAL SECURITY NO. 14-03-3467	Mrs. Betty J	Address ane Gies, Miller	sville, M	1d.
154 V	e (o), Couse DUE TO, OR AS A	CONSEQUENCE OF	TED TO THE TERMINAL DISEASE DR	CONDITION GIVEN IN PART 1(0)	1500	WY-
190. DATE OF OPERATION	19b. CONDITION FOR WHICH (PERATION WAS PERFORME	D 20o. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIF	YING
G (If either, notify medical	E OF DEATH HOUR A.M. M P.M.	onth Doy Yeor 19		er noture of injury in Port 1 or Port 2		
While Not while of work			21f. LOCATION Street or R.F.D. No	o. City or Town	County	Stote
saw the decea causes stated	(1) (this hospital) attend sed alive an	nat) view the body	2, ond that in (my) (aur) apafter death.	pinian death occurred on the	dote and hour and	d fram th
22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	Mackan	AN M	DEGREE ATTENDING PHYS. 22e. ADDRESS	MED STAFF 22	6. DATE SIGNED	
23o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/9/1968	23c. NAME OF CEMETE	RY OR CREMATORY en Memorial Pk	23d. LDCATION (Gity or Town) Glen Burnie	, , , ,	Stote)
24. FUNERAL DIRECTOR R.V? Single	ton / Glen B	ADDRESS	250. REC'D	BY REGISTRAR 2Sb. REGISTRAR		

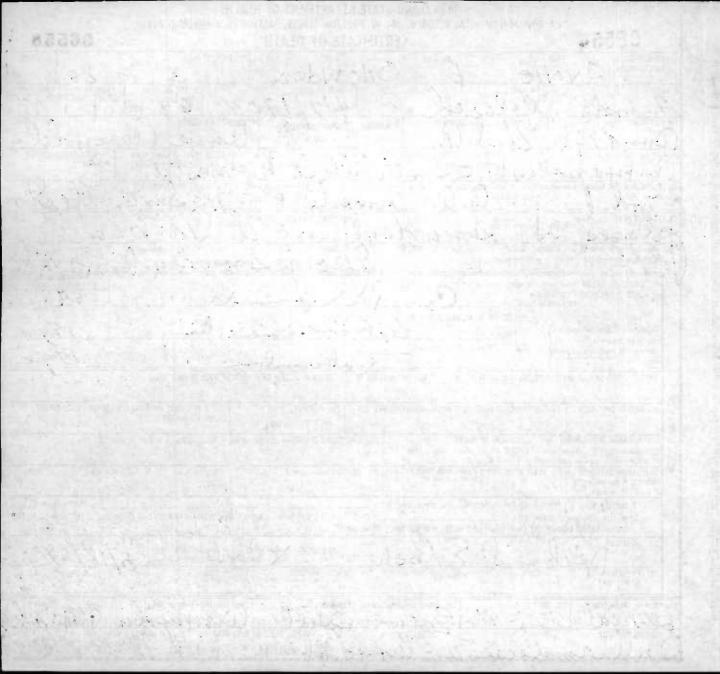
VR A15 (4) 30M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

)	US554 CERTIFICATE OF DEATH 065	58
	ECEASEO-NAME First Print	2b. HOUR
3. 5		UNDER 24 HRS.
	Female Colered 4/7/1904 GTONY YRS. MONTHS DAYS H	OURS MIN.
7a	SIRTHPLACE (State or foreign 75. GITYEN/OF WIR) COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF OEATH WIDOWED DIVORCEO 9. COUNTY OF OEATH	el Md.
0 10	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. ISUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)	SINESS OR
13a adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTY (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	St.
The second second	FATHER'S NAME First A Middle Snowden Cane C. Last Canel	Last
100	WAS DECEASED EVER IN U.S. ARMED FORCES? 85, na for unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 10b. SOCIAL SECURITY NO. 10b. SOCIAL SECURITY NO. 10c. Address	Ma.
	1B. CAUSE OF OEATH (Enter anly ane cause per line far (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2 4	
	O 11, 3 DUE TO, OR AS A CONSEQUENCE OF Q QQ Q	
	Canditians, if any, which gave rise to immediate cause (a), (b)	grs
	stating the underlying cause OUE TO, OR AS A CONSEQUENCE OF Uses.	grs.
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CERTIFICATION	19a. OATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTICAL CAUSES OF CEATH?	IFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 19 19 19 19 19 19 1	
ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.O. Na. City at Tawn Caunty While at wark	State
	22a. I certify that (I) (this haspital) attended the deceased fram, 19, to, 19, that (I saw the deceased alive an) (we) los d fram the
	22b. SIGNATUR 22b. SIGNATUR 22c. OATE SIGNED 22c. OATE SI	p.
	22d. PHYSICIAN 2 NAME (Type)	
230	QURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City or Town) (County) 3cm (Coun	(State)
24	HUNERAL PRINCETOR 250, REC'D BY REGISTRAP 250/ REGISTRAPS SIGNATURE C	day

DATE

to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the functor director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pockes I and 2 should be filled with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after and the state Dept. **IO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physicion.



VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMON OS555 CERTIFICATE OF DEATH

1. PLACE DF DEATH e, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	siocies before admission)
Anne Arundel MARYLAND	a. STATE Maryland An	ne Arundel
makt Entro	c. CITY OR TOWN (If outside corporate limits, write RURAL)	and give nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Vaudas and the Person Describers	
Venice on the Bay	Venice on the Bay Pasadena	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS Route 11	ON A FARM?
Hilltop Road Route 11 Box 118 B Pasaden	a Hilltop Road Box 118B	YES NO NO
3. NAME DF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) George Walter S	Stewart DEATH May 21,	19 68
	. DATE OF BIRTH 9. AGE (In years IF UNDER)	
Male White WIDOWED DIVORCED	March 19, 1911 57 yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
during most of working life, even if retired) Truck Driver INDUSTRY Manganese Chemica		I. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	• 0••
Frank Stewart	Elizabeth Robinson	
		sadena, Md.
(Ves no or unknum) ((frue nive war or dates of service)		
No	. Martha E. Stewart Route 11 B	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	A . C .	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Car con ona	lest land	1 yen.
1 10 05 1	- Off Range	
Conditions, if any, which \		
gave rise to immediate		
cause (a), stating the DUE TO		
underlying cause last. (c)	THE TRACE AND THE OWNER IN DARK 1/A	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO A CONTRIBUTION OF DEATH BUT NOT	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
163×		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
While Mot while	y, street, office bldg., etc.)	
	4. 5 1051 : ha are > 10/	& that //\ /wa\ last
21. I certify that (I) (this hospital) attended the deceased from	death occurred at 74 M, from the causes and on the	e data atotad above
saw the deceased alive on 4/2 9 19 6 %, and that		ATE SIGNED
ZZa. SIGNATURE	ATTENDING MED. STAFF	12 /18
M.D.		12100
Z2c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	0
Sidney R. Gehlert, M.D.	4700 Pennington Avenue (2122)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial 5/24/68 Meadowridge	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
Burial 5/24/68 Meadowridge	Memorial Park Dorsey Howard	Co. Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	S SIGNATURE
McCelly to H 237 Patansco Ave. 2	21 225 DATE MAY 2 1 1968 PClia	rles Judge

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Hill top Road Houte 11 Fax 116 B Jaza and Hilltop Road Box 1188

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Sidney R. Gehlert, M.F. 4700 Pennington Ayum e (21224)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

06556

CERTIFICATE OF DEATH

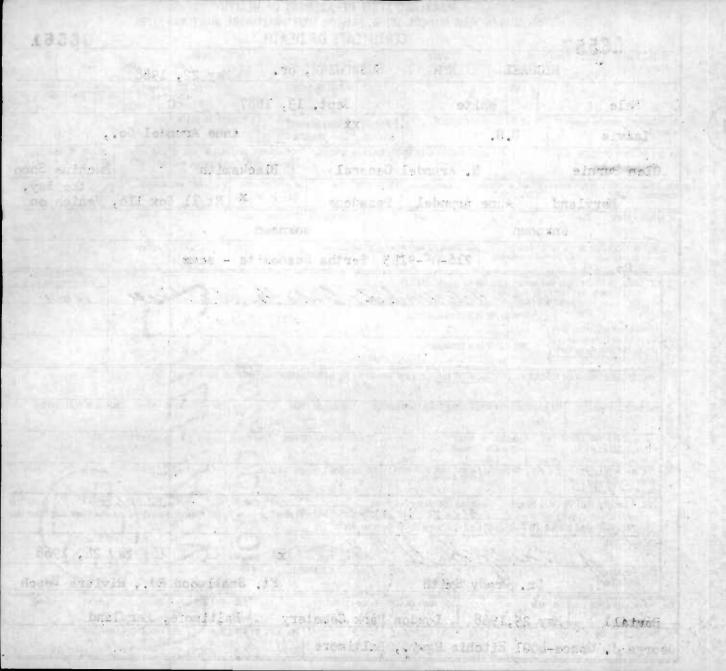
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	1.	a. COUNTY Anna Aru				MARYLA	AND	2. USUAL RESIDEN	CE (Where	deceased lived, If ins b. COUL		Residenc	e before a	dmission
		b. CITY OR TOW Write RURAL Baltimor	/N (if outside and give ne	corporat arest tow	e limits, n)	, c. LENCTH OF STAY I		c. CITY OR TOWN (III		corporate limits, wr	ite RURAI	and gl	ve neare:	st town)
		d. NAME OF HO	SPITAL OR IN	STITUTIO	N (if not	in hospital, give street add	dress)	d. STREET ADDRESS			-		e. IS RES	IDENCE
0		207 Edg	revale	Rd				207 Edgev	ala F	RA			YES T	NO TO
5	3.	NAME OF	,		rst	Middle		Last	1 4. DA		h	Day		
		(Type or print)		Paul		F		Stihel	OF					4 .
1	5.	SEX	6. COLOR C		7 MADE	RIED NEVER MARRIED		8. DATE OF BIRTH	DL	9. ACE (In years	17			68 24 HRS
		le	White		WIDO			Apr 28,19		last birthday) 68 yrs.	Months	Days	Hours	Min.
	10a duri	. USUAL OCCUPATION MOST of Work	ding life, ever	d of work	done 10	ob. KIND OF BUSINESS OR INDUSTRY Lyon Conklin		Penna	ounty & Si	tate, or foreign country	12. 0	OUNTR	OF WHAT Y? USA	11
	13.	FATHER'S NAM	1E					14. MOTHER'S MAII	DEN NAMI	E			O CAR	
			Josep					Ann						
	15. (Ye	. WAS DECEASED s, no, or unkown)	EVER IN U.S. /	ARMED FO	RCES?	16. SOCIAL SECURITYNO.	17.	INFORMANT		Addre	SS			
		No						Family			Same			
			OEATH (Ente	USED BY		per line for (a), (b), and (c). Management	L. La	mos of	the	r. lobe	fle	INTE	RVAL BE	TWEEN DEATH
		19/X		DUE		Contonin	/	,		,	/	6	3000	~ h
		Conditions, If		1	(b)								2,00	200
		gave rise to cause (a), s		DUE			_							
	_	underlying caus)	(c)									
	NO.	PARTII. OTHER	SIGNIFICANT	CONDITIO	NS CONT	RIBUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASE	CONDITION CIVEN IN	PART 1(a)	19.	WAS AU	
34	CA	1930										Y	ES 🗍	NO Z
1	CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERING CAUSE TIFY MEDICA	LYING [] E OF DEAT L EXAMIN	TH IER)	b. DESCRIBE HOW INJURY	OCCU	IRRE D. (Enter nature o	f Injury li	n Part I or Part II o	f Item 18	ş.)		
- 1	정		INJURY Mon	th, Day,	rear 20	Od. INJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, fa	arm, 20	f. (City or town)	(Co	unty)	(State)
	MEDICAL	Hour a.r		19		Work Not While	racto	ry, street, office bldg., e	tc.)					
				his hosp		tended the deceased fro	m /	tur. 1	9/2	to Berill	9. 19 6	1 80	hat (I) (v	ve) las
			ceased alive		in	111 101		death occurred at.	A·M.	from the causes	£ 1	. , .		
		22a. SIGNATU	RE	41	1	. /			/	and the same of		DATE SI		0
		1	noe	1	eu	le auer	M.D	ATTENDING PHYS.	MED. DIRECTOR	R PHYS.	5	17	- 60	7
1		22c. PHYSICIA NAME (T		e Ne	ากลาเ	er, M.D.		22d. ADDRESS 936 Patar	seco l	Avenue. B	alto	Md		
,	23a.	REMOVAL (SO	eclfy) 5,	/20/6		Glen Have		Mem Pk	G	location (city, to	AA	Co	Md	ate)
1	24.	FUNERAL DIRE	Ly F H	1.2	371	Potanois a	nu	DATE MA		1968 P	Clar	10 1	ATURE	2
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	ut.	£	Joseph Soffie	
0	Altas			0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06561 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR death. (Type or print) SUSNOWITZ, Sr. Yeor MICHAEL uneral NMN S. DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HRS 4. RACE 6. AGE (In veors 3. SEX law requires that the death certificate be executed within 24 haurs after last birthdoy) Male Whi te Sept. 13, 1887 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) Latvia Anne Arundel Co., U.S. WIDOWED [DIVORCED physician and completely filled en please remave carban pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Machine Shop during most of working life, even if retired.) Glen Burnie General 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN the Bay, 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO T Box 116. Venice on Pasadena 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle unknown unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give war ar dates of service) 216-05-9143 Bertha Susnowitz - same APPROXIMATE INTERVA the attending p 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ratie laudia Varcular Llinease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony which gove signed by the burial-transit p rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) by the haspital ar attending TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) for HOUR A.M. Month Doy Yeor OR CONTRIBUTING CAUSE OF OEATH (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Not while of work eased fram_____, 19,44, to______, 19,54, that (I) (we) last _______, to_______, that (I) (we) last _______, and that in (my) (aur) opinion death occurred on the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR May 24. 1968 DEGREE PHYS 22d. PHYSICIAN 22e. ADDRESS director, po NAME (Type Dr. Brady Smith Ft. Smallwood Rd., Riviera Beach 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE (County) Burial (Specify) May 25,1968 Baltimore, Maryland Loudon Park Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR George J. Gonce-4001 Ritchie Hgwy., Baltimore



DIVISION OF VITAL RECORDS, 301 W. PRESSON STREET, BALTIMORE, MARYLAND 21201

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. DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH Month	Day Van-	2b. HOUR
(Type or print) EL15	E GAIL	APPAN	They !	Doy Year	837pm
. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
FEMALE	WHITE	JUNE 20, 1	894 73 YE		the said
o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? B. N	MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
MARYLAND	0. 0.	DOWED DIVORCED 🔀		NILL	Md
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUT		L OCCUPATION (Kind of work dan est of working life, even if retired		BUSINESS OR
JIBSON ISLAND	DYWATER	- KD H	SUSEWIFE	.,	
Amission) - STATE	1195 COMMITY	CITY OR TOWN 13d. INSIDE CITY LIN		. 0 .	12.0
INARYLAND	HANE HEUNDER OF	GSON ISLAND	- NYWAIZI	e KDAI	<u> </u>
4. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME FI	1		Lost
COTECRES:	WILLIAM CJAIL	HE.	LEH MAR	4 1	SAUGH
60. WAS DECEASED EVER IN U.S. ARMI Yes, no. of unknown) (If yes give wo	To FORCES? 16b. SOCIAL SECURITY NO.	17. INFORMANT	Address		
NO	×15-40-7	17 (7AIL /1	APPAN BOWDI		MATE INTERVAL
1B. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), ond (c).)				NSET AND DEATH
PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a) ASPIRATI	ON		20	min
1800	DUE TO, OR AS A CONSEQUENCE OF	. 11	0.5		
Conditions, if any, which gove inse to immediate couse (o),	(b) CONGESTIVI	E HEART IA	ILURE	20	AY5.
stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	40, 100,000 47	16	71	06
lost. 1750		ARCINOMATO		177	n)
	DITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART I(o)		
NONE		Tan III and II	Last 15 Mes Mess EMBANS	S CONCIDENTS IN CO	PALEMBIO
190. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PERFOR		20b. IF YES, WERE FINDING CAUSES OF DEATH?	22 CONZIDERED IN CE	EKIIFYING
		YES NO			
		21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part	2, Item 18.)	
(If either, natify medical examin	er) P.M. 19				
Z1d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town	County	Stote
at work ot work		A #/2	<i>a</i>	10 1/3 1	453 4
22a. I certify that (I) (thi	hespital) attended the deceased f	s, and that in (my) (and api	D, to MAY 12.	19_65, that	(i) (we) la
causes stated abave	(I) (we) (did) (did wet) view the bad	v after death.	man death accorred an the	date and naor	unu muni in
22b. SIGNATURE	01			2c. DATE SIGNED	
Genland.	Schmeisser In M.	DEGREE PHYS.	ED. STAFF PHYS.	AY 12	1968
22d. PHYSICIAN'S	100 (1110	22e. ADDRESS	- 10 / 10 : :		MI
NAME (Type) GERH	AKN SCHMEBSEL	2. dpi. SKY WAT	EN KO. GIBSON	ISLAND	Ild.
30. BURIAL, CREMATION, 23b. D		TERY OR CREMATORY	23d. LOCATION (City or Town)	(County)	(Stote)
REMOVAL (Specify)	Anatomy	Board of Maryland			

WEST. ST. MAROLIS MA

2So. REC'D BY REGISTRAR
DATE MAY 1 5

DATE

2Sb. REGISTRAR'S SIGNATURE

1968

5

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and shauld be filed with the State Dept. at Health prior ta burial, cremation, ar remaval, and in any event, within 72 haurs after dem Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

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	Acas.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16563 by the funeral Poges 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH Anne Arundel a. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Washington, D. C. yrs. 1 mo. Laurel d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address y S e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Children's Center Hospital 1667 Good Hope Road, S. E. YES NO X Middle 3. NAME OF Last 4. DATE DECEASED Tindley Cynthia 8, 1968 May Lynn (Type or print) B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Haurs Negro 8-14-54 Female WIDOWED DIVORCED 11. BIRTHPLACE (Caunty & State, ar foreign cauntry) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life even if retired INDUSTRY Washington, D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal, George Wilson Tindley Sallie Headen 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no ar unknawn) (If yes give war ar dates af service Children's Center Hospital, Laurel, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) (Enter only one cause per line for (a), (b), and (c).)

Acute dilation of right cardiac

MMEDIATE CAUSE (a) <u>Ventricle</u> <u>marked congestion of internal organs</u> ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Since admission Microcephaly with convulsive disorder Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Mental retardation - severe - secondary to (2) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) 21. I certify that (1) (this haspital) attended the deceosed from March 24 ______, 1960 _____, to May 8 ______, 19_68 that (I) (we) last saw the deceased alive on May 8 1968, and that death accurred at 000 am, from causes and an the date stated above 22b. DATE SIGNED 22a, SIGNATURE MED. DIRECTOR STAFF PHYS. X May 8, 1968 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Children's Center Hospital, Laurel, Md. JAMES E. BOYLAND, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR **DDRESS**

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. icion ond completely filled in by teleose remove carbon papers. Po and in ony event, within 72 house ottending physicion termit. Then pleose signed by the burial-transit p **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. os the prior to b has been certificate TO FUNERAL DIRECTOR: After this director,

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			governing in min	.O. FORMAL MARKET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06560 06564 CERTIFICATE OF DEATH DECEASED-NAME Middle First 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours ofter death. (Type or print) 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS (yobhtrid tapl MONTHS DAYS HOURS -ems 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED TO DIVORCED [and completely filled signed by the ottending physician and completely filler burial-transit permit. Then please remove corbon per burial, cremotion, or removol, ond in any event, within 1D. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) **INDUSTRY** during most of working life, even if retired.) 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY HNUMPOLIS YES-Z NO [14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost MINIC IZOLONE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF by the hospitol or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be detoched for use as the State Dept. of Health prior to hos been 19o. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO 🔯 O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased fram-_1965, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an_ 5/15 be retained director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b_SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Murray 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. (County) (Stote) REMOVAL (Specify)

VR A15 (4) 30M REV. 1/68

FUNERAL DIRECTOR

ADDRESS

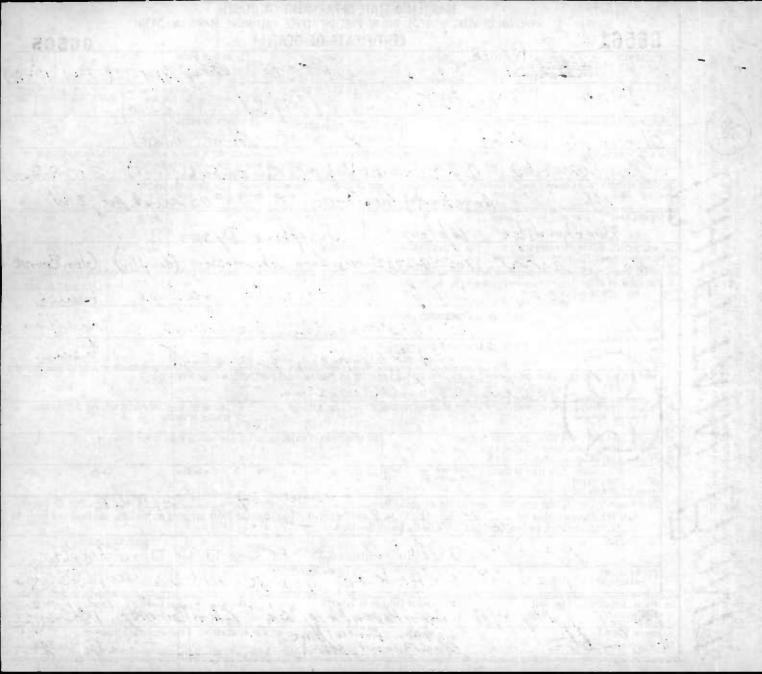
2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR death. 24 haurs after death d in by the funeral (Type or print) 3. SEX 4. RACE S. DATE OF RARTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday YRS. 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Odenton WIDOWED D DIVORCED TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the attending physician and campletery fill sit permit. Then please remave carbon p during most of working life, even if retired. Car Inspector and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 3e. STREET AND NUMBER odmission) STATE 13b. COUNTY. 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last 16g. WAS DECEASED EVER IN U.S. 17. INFORMANT Yes, no, or unknown) ar remaval, daughter APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) **10 FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT-NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN attending p Health priar ta CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO TJ be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor af (If either, natify medical examiner) P.M 21d. INJURY OCCURRED State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Tawn County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram 19 5, and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF PHYS. director, page Shauld be filed DIRECTOR be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) EMOVAL (Spetify) 25b. REGISTRAR'S SIGNATURE 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH



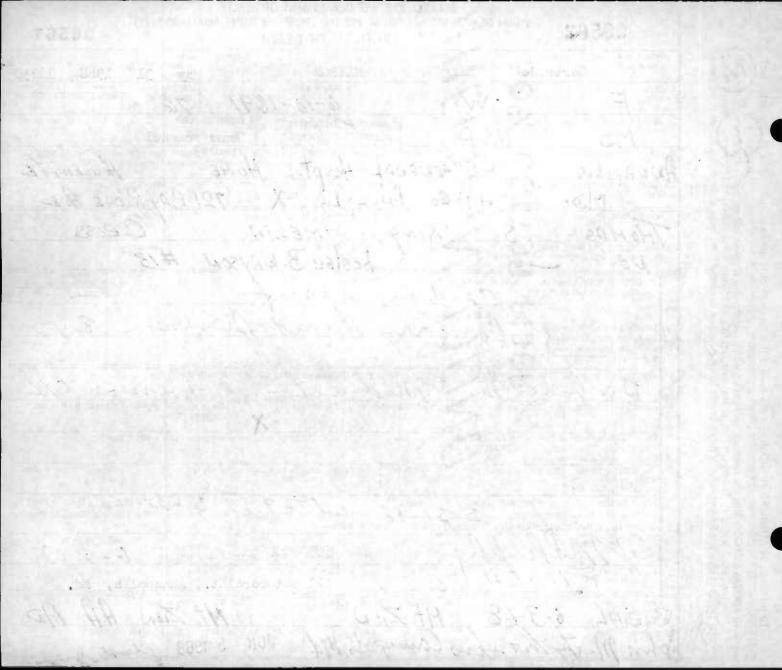
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06566 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAM 2a. DATE KNOWN 2b. HOUR Year (Type or Print) OF ESTIdelay to Page MORTIGER af DEATH MATED ent IF UNDER 24 HRS. 6. AGE (In years 4. RACE 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR M3. 02 7o. BIRTHPLACE (State or foreign 7b. CITIZEN MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, country) DIVORCED WIDOWED after death NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR 3 land 2 with the death. RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY in Item 18. 24 haurs after Middle 14. FATHER'S NAME Examiner's haurs pages be executed within in pencil (Yes, no, or unknown) File within 18. CAUSE OF DEATH (Enter only one cause per line permit. WEEN ONSET AND DEATH farwarded ta the Chief Medical PART 1. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 ar remaval. CERTIFICATION nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [please execute the certificate, pe should be 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) FUNERAL DIRECTOR: Page 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County State factory, affice building, etc.) WHILE AT WORK AT WORK burial, 220. I certify that look charge of the remains described above, held on Autopsy Б Inspection M. Inquiry 📈 ond in my opinion the funeral directar. retained deoth resulted Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER may **EXAMINER'S** Health ADDRESS(Street, city, town, ar county) NAME (Type 0 BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City or Town) (County) (State)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06563 06567 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH (Type or print) Gertrude King WAY SON 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINGER 1 YEAR MONTHS HOURS 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Anne Arundel WIDOWED DIVORCED [12a, USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during mast of warking life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE 14. FATHER'S NAME Middle Last physician and and in ROSS please 16d. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, ng, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, the attending parties the APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONSEQUENCE OF Canditians, if any, which gave burial-transit rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(a) the O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES. WERE FINDINGS CONSIDERED IN CHRISTING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO D YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ☐ GR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from-, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ VS be retained causes stated abaye, (1), (we) (did) (did nat) view the bady after death. 22b SIGNAT 22c. DATE SIGNED DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS PHYSICIAN' 121 CathedralSt., Annapolis. BURIAL, CREMATION 23c. CEMETERY OR CREMATORY

30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06564 CERTIFICATE OF DEATH 06568 2a. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Manth Inez Gould West May S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 4. RACE 6. AGE (In years 85 birthday) MONTHS signed by the attending physician and completely filled in by the burial-transit permit. Then please remove carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 haurs aft 4/4/1884 1883 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | Maryland Maryland U.SA. WIDOWED X DIVORCED [Anne Arundell 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address)
Knollwood Nursing Home during most of working life, even if retired.) Millersville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY YES 👽 1630 Bolton Street Baltimore 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle William Wallace Gould Emma E. Dunsford 17. INFORMANT 431 Third Ave. S. Affres Glenn Burnie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 380-05-2417 Yes po, or unknown) Mr. Frederick L. Winter 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) 433, 9 Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL SEASE OR CONDITION GIVEN IN PART State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🔲 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from April 17 , 19 68 , ta May 7 , 1968 , that (I) (we) last saw the deceased alive an May 7 , and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 5/8/68 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Ray M. Smith, M. D. Hahn Professional Building, Severna Pk., (Stote Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, BEMOVA (Sprify) May 10,1968 Loudon Park Cemetery Baltimore. Maryland 25b. REGISTRAP'S SIGNATURE 24 FUNERAL DIRECTOR Henry Sender & Sons Inc. 2Sa. REC'D BY REGISTRAR 1968 30M REV.

Boltimore Maryland 21213

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06569 Middle Last 2a. DATE OF DEATH 1. DECEASED-NAME 2b. HOUR (Type ar print) Month WESTLEY WILLIAM MORELAND 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR IF UNCER 24 HRS. last birthday) HOURS Male White June 20. 1911 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED Altoona, Pa. U. S. WIDOWED [7] DIVORCED Anne Arundel County. completely filled in nove corbon poper PHYSICIAN: The low requires that the death certificate be executed within 24 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address)
Anne Arundel General during most of working life, even if retired.) **Electrician** INDUSTRY Annapolis Beth. Steel crematian, ar removal, and in any event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? Mt. Pleasant odmission) STATE 13b. COUNTY YES 🗀 R.F.D. 6. Box 243 A.Co. Pasadena Beach 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last William S. Westley ----- Moreland 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Beach (If yes give wor or dates of service) Yes, na. ar unknawn) 193-10-3992 Georgie Westlev. R. F. D. 6. Box 243. Mt. Pleasant 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. Liveel IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave buriol-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or ottending physician. stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO . O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) Po OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City ar Tawn State County While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram... 1986, and that in (my) (aur) apinian death accurred an the date and havr and fram the saw the deceased alive on___ directar, page 3 should should be filed with the causes stated abave. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNER DEGREE Page 4 may 22d. PHYSICIAN'S 22e. ADDRESS CATTEDAA2 NAME (Type) (00 1 10 1) CHUNY 11. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Caunty) (State) REMOVAL (Specify) Glen Haven Memorial Park Ritchie Hgwy A. A. Co.

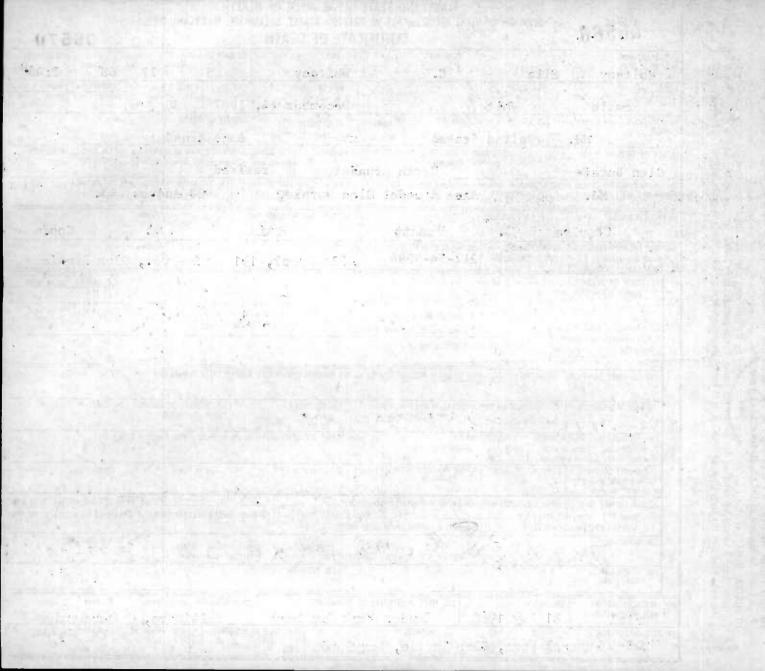
ADDRESS

250. REC'D BY REGISTRAR
250. REGISTRAP'S SIGNATURE
Hgwy Baltimore
DATE MAY 1 3 1968 5-10-1968 24. FUNERAL DIRECTOR George J. Gonce. 4001 Ritchie Hgwy., Baltimore 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06566. CERTIFICATE OF DEATH 065 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. r deoth : 45P M (Type or print)
Whitney Ella C. Whitney ages h S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS December 24. 1987 White Female 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED .⊆ DIVORCED [campletely filled ir Md. United States WIDOWED 5 Anne Arundel 12a. USUAL OCCUPATION (Kind of work done 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of warking life, even if retired.) give street oddress) Glen Burnie North Arundel 13e. STREET AND NUMBER 131 MARIE AVE 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? admissian) STATE Md. 13b. COUNTY Anne Arundel Glen Burnier NO Middle 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Last physician and Charles Katie E. E. Sweatt Goode 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, ng. or unknown) (If yes give war or dates of service) 212-54-9996 signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Ella Frock, 131 Marie Ave., Glen Burnie 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CALISES OF DEATH? Thomas YES X NO [21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Nat while at wark 22a. I **certify** that (I) (this hospital) attended the deceased from 5 = 2 saw the deceased alive an 1968, and that in (causes stated abave, (I) (we) (did bot) view the bady after death. 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the directar, page 3 should shauld be filed with the 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) 23a. BURIAL CREMATION. 23b, DATE (County) (State) REMOVAL (Specify) 21 May 1968 Loudon Park Cemetery Maryland 1968. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR 25a. REED BY REGISTRAR Kirkley Funeral Home, Glen Burnie, Maryland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08571 CERTIFICATE OF DEATH Middle DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR death. The law requires that the death certificate be executed within 24 haurs ofter death Manth 20 Day 68 Year (Type or print) 40 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS OAYS HOURS 7a. BIRTHPLACE (State_or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED M NEVER MARRIED papers. and completely filled-in WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) please remove carboy event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO-Z YES or removal, and in any 14. FATHER'S NAME Middle last 15. MOTHER'S MAIDEN NAME First Middle Last 320RCE 160. WAS DECEASED EVER IN U.S. ARMED FORCES2 16b. SOCIAL SECURITY NO. 17, INFORMANT Address Yes, no of unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: permit. Coronary IMMEDIATE CAUSE (a) burial, cremotion, Cardio Vasicular desese Conditians, if any, which gave: burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the Poge 4 moy be retained by the hospitol or offending this certificate has been 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 NO P 3 should be detoched far use with the Stote Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City ar Town County Stote While Not while at work at wark O FUNERAL DIRECTOR: After March 22a. I certify that (I) (this haspital) attended the deceased fram sow the deceosed alive on May 20 _1967, and that in (my) (our) opinian death accurred an the dote and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF , page 3 be filed DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Hd. 21037 NAME (Type Rt. Box244 director, p BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURES VR A15(4) 30M REV. 1968

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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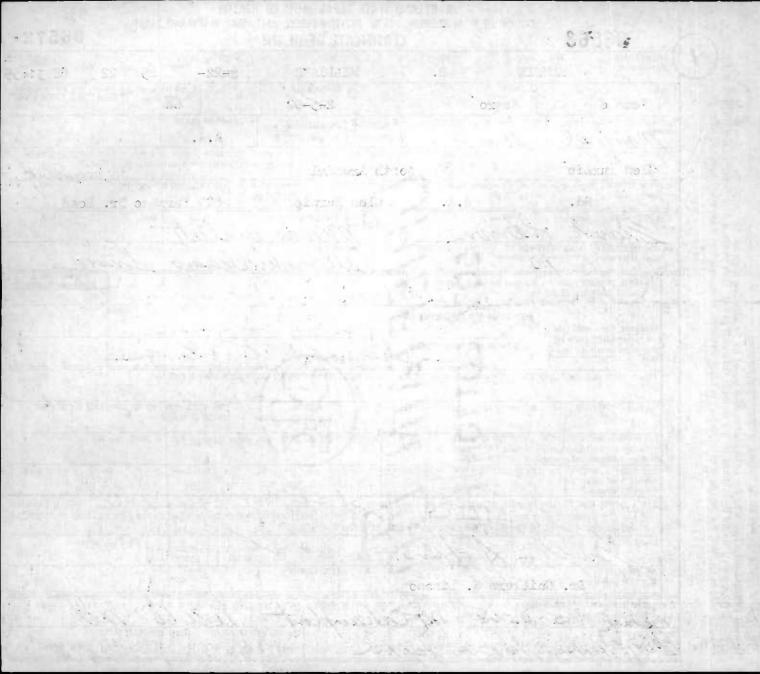
CERTIFICATE OF DEATH

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2	odmi	USUAL RESIDENCE (Where dece ission) STATE Md.	13b COUNTY .	The second secon	ITY OR TOWN 13d. INSIDE CITY	13e. STREET AND NUMBER NO 829 Furnac		ad
	14. F	FIGURE First	Lernon	Last	15. MOTHER'S MAIDEN NAME MOULE	First Middle Middle Middle	e	Last
		WAS DECEASED EVER IN U.S. Al es, na, ar unknawn) (If yes give	RMED FORCES? 16b	. SOCIAL SECURITY NO.	Clomo les	elleans /	Lance	-
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	ient	myo carli	1 hifadim	APPRO BETWEEN	Oximate interval n onset and death
		Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.	(b)	Cernny	energhie a	terorden		
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)		
X	CERTIFICATION	19a. DATE OF OPERATION 199	b. CONDITION FOR WHICH C	OPERATION WAS PERFORME	D 20a. AUTOPSY? YES \ NO [20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED IN	CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLY or contributing cause of de (If either, natify medical exam	ATH HOUR A.M. M	URY anth Day Year 19	21c. HOW INJURY OCCURRED (En	ter nature of injury in Part 1 ar Pa	rt 2, Item 18.)	-
	ME	While Not while at work	(OFFI	CE BUILDING, ETC.	21f. LOCATION Street ar R.F.D. N		Caunty	State
		22a. I certify that (1) (t saw the deceased causes stated above	this haspital) attended alive an ve, (1) (we) (did) (did	ed the deceased fro 19 (3) I nat) view the bady	m_3/22, 19. , and that in (my) (aur) a lifter death.	pinian death accurred an th	, 19 <u>6 </u>	at (I) (we) last ur and fram the
		22b. SIGNATURE	Term A	finsas	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED	
			Guillern S.	Linsao	22e. ADDRESS			
2	23a.	REMOVAL (Specify) 5	-25-68	23c. NAME OF CEMETE	hay Cut	23d. LOCATION (City or Town))Kel	(State)
	24	WHERAL DIRECTOR	1 cm B	ADDRESS			RAR'S SIGNATURE	sge.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion ond completely filled in by tallector, page 3 should be detoched for use os the burial-transit permit. Then please remove carbon papers. Page shauld be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs Page 4 moy be retained by the hospitol or ottending physician. VR A15 (4) 30M REV. 1/

funerol 1



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 MV

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Items

	06568	Ite	ms 7, 8,	13 Film	ERTIFIC	ATE/OF	DEATH				06	573
	ECEASED-NAME Type or print)	First Richa	rd	Middle	V	lost ILSON		2a. DATE OF	DEATH Manth 3 Do	1 1 9 e	Year O 8	2b. HOUR P
SE	Male		A RACE Negro			S. DATE OF B			6. AGE (In years birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.
a. I	BIRTHPLACE (State or form)Maryland	oreign 7b.	CITIZEN OF WHAT C		WIDOWED		KIED .		Arundel			Md.
1	CITY OR TOWN OF DEA	olis	AYNTHE		el Ge	n. Ho	s during ma	ist of working	(Kind af wark dane life, even if retired.)	12b. 1NDL	KIND OF JSTRY	BUSINESS OR
	USUAL RESIDENCE (Wission), STATE Marylane	here deceased	13h COUNTY	Residence before	13c. CITY OR Gales		YES NO	AITS? 13e. ST	REET AND NUMBER			
4. 1	FATHER'S NAME F	irst	Middle	Last	19	S. MOTHER'S M.	AIDEN NAME Fi	rst	Middle			Last
	. WAS DECEASED EVER (es, na, ar unknown)	U.S. ARMED (If yes give war ar		SOCIAL SECURITY N	10. 17. 1	NFORMANT			Address			
	18. CAUSE OF DEAT PART 1. DEATH	WAS CAUSED BY	ser.	(a), (b), and (c).							BETWEEN O	MATE INTERVAL ONSET AND DEATH
	Canditians, if any, w		DUF TO, OR AS A			infec	tion,	chron	nic		2 m	onths
	stating the underly last. 609 ×	ing cause	DUE TO, OR AS A							-		
z	PART 2. OTHER SIGN Pneumon	ia, Ur	emia, R	heumat	oid X	O THE TERMINA	XXX a.	rthri	tis, Dec	ubi	tal	ulcer
RIFICATIO	190. DATE OF OPERATION	ON 19b. CON	DITION FOR WHICH O	PERATION WAS PE	RFORMED	20a. AUTO		CALISES	YES, WERE FINDINGS OF DEATH?	CONSIDER	ED IN C	ERTIFYING
DICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	CAUSE OF DEATH dical examiner)	P.M.	onth Doy Year	,		ì		ry in Part 1 ar Part 2	, Item 18.	.)	
W	21d. INJURY OCCURR While Nat while at wark at wark		CE OF INJURY (AT H						or Town	Caun		State
	saw the de	ceased alive	nospital) attende e an May 3) (we) (stist) (did	1	9.68, an	d that in (m	<u>∠ / , 196</u> ıy) (o.x.) apii	8_, taE nion death o	nay 3, 1 accurred on the c	g 68 late and	, that I haur	(I) (We) last and from the
	22b. SIGNATURE	Cha	lefty	King	DEG	11113.	PY D	IED.		lay		1968
,	22d. PHYSICIAN'S NAME (TypeC)	harles	W. Kin	zer, M	. D.	22e. ADI 16,	Murr	ay Ave	e., Anna	pol	is,	Md.
3a	BURIAL, CREMATION, REMOVAL (Specify)	23b. DAT	3/68	23c. NAME OF		crematory emori	2]		ON (City or Town) Lover M.D.	(Cour	ity)	(State)
24.	FUNERAL DIRECTOR Johnson &			ADDRESS			2Sa. REC'D B	Y REGISTRAR	25b. REGISTRAR	'S SIGNAT	Jus	ye

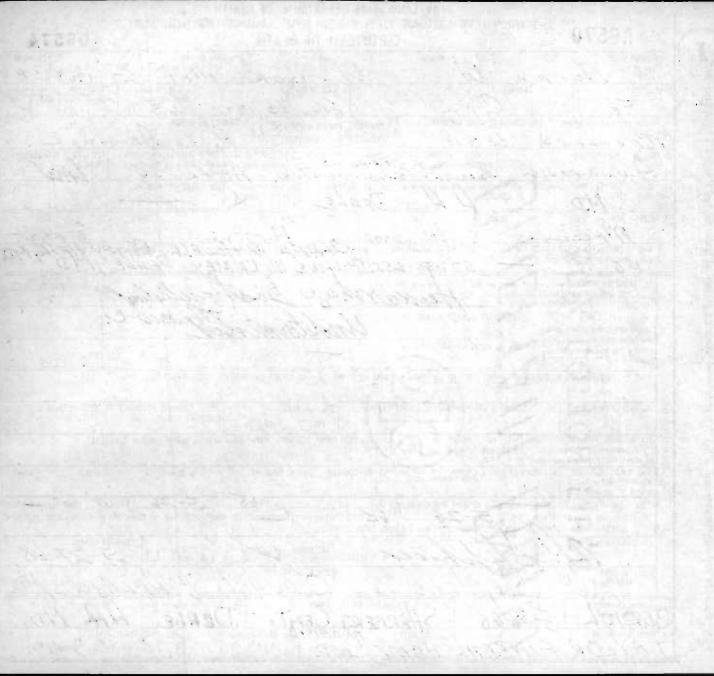
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.NO. G. MOS	A. M. T. S.				

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06570	DIAISI	ON OF VITAL RECO		ATE OF DEATH		MAKTLAND Z	1201	065	74
	ECEASED-NAME Type or print)	First	7/ Middle	4	last INDSO 1		E OF DEATH Month	Doy	Yeor 1948	2b. HOUR
3. SI	FE	4. RAC	CAN		S. DATE OF BIRTH	1900	6. AGE (In y lost birthde		UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.
	BIRTHPLACE (State or foreign		N OF WHAT COUNTRY?	B. MARRIED [WIDOWED [A	VA E-	Jana	DEL	Md.
	TITY OR TOWN OF DEATH		give street oddress)	CONVALE:	LIS during	most of wor	TION (Kind of working life, even if r	etired.)	12b. KIND OF BI	USINESS OR
odm	USUAL RESIDENCE (Where dission) STATE	13b. C	OUNTY H.H.	DEA	he YES	NO	e. STREET AND NU			
	FATHER'S NAME First A C E WAS DECEASED EVER IN U.S	LLUS	W.	NDSOR	MOTHER'S MAIDEN NAMI	First	E III	Aiddle	STR.	Lost EET
	es, no opunknown) (If yes	s give war or dates of	577-5%	8-655/PH	USINE W.	KAM	EY DE	ALE	APPROXIMA BETWEEN ONS	ITE INTERVAL
	PART I. DEATH WAS C IM 56 7 9 Conditions, if ony, which g rise to immediate couse stating the underlying co lost. PART 2. OTHER SIGNIFICAN	MEDIATE CAUSE DUE (0). DUE	TO, OR AS A CONSEQUEN (b) TO, OR AS A CONSEQUEN (c)	ICE OF	THE TERMINAL DISEASE O	DR CONDITION	GIVEN IN PART 1(o	ny -e.		
TION	578×		FOR WHICH OPERATION V		20a. AUTOPSY?		b. IF YES, WERE FI		IDERED IN CER	TIFYING
CERTIFICATION					YES NO		AUSES OF DEATH?			
MEDICAL C	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE C (If either, notify medical e	xominer)	TIME OF INJURY UR A.M. Month Doy P.M.	Yeor 19	W INJURY OCCURRED (E					
N	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF	OFFICE BUILDING, E	TC.	CATION Street or R.F.D.		City or Town		ounty	Stote
	220. I certify that (I) sow the decease couses stated of) (this hospited of olive on_ bove, (1) (we	a) (did) (did not) viev	v the body ofter o	, 19 thot in (my) (eur) c eoth.	pinion dec	oth occurred or	the dote	ond hour o	(I) (we) lost nd from the
	22b. SIGNATURE	A	tepher	DEGR	11113.	MED. DIRECTOR	STAFF PHYS.	22c. DATE	SIGNED	-68
,	22d. PHYSICIAN'S NAME (Type)	PS	EPHEN	5	22e ADDRESS	Hill	St. H.	WWA	polis	MD.
230	BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR	23b. DATE 5-28-	-68 S	ME OF CEMETERY OR RESERVICE DORESS	T CENT.		CATION (City or To	GISTRAR'S SIG	Courty)	(Stote)
7	AY/OR	FINN		SMAF	DATE M	AY 2 1	1968 KE	Client		42

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Prine Ameral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Eages I and Should be filed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. in by the funeral Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 06575 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR Month 27 Day 68 Year (Type or print) Florence NMN Woodward 5 1:50Am IF LINDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR lost dishday) Female 11-29-14 Negro 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Blaris. So. Car. Amme Arundel U.S. WIDOWED PC DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) North Arundel during mast of working life, even if retired.) INDUSTRY Glen Burnie 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 7335 Dotson Lane 13d. INSIDE CITY LIMITS? admission) STATE Md. 13b. COUNTY Anne Arundel Glen Burni & x 14. FATHER'S NAME 15_MOTHER'S MAIDEN NAME First Middle 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (44 /es give wallor dates of service) Yes, no, or unknown) 32/ Declan 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebro 120, cu IMMEDIATE CAUSE (a) 436 9 Canditians, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at work 220. I certify that (1) (this hospital) attended the decreased from... , and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on couses stated above, (I) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 22d. PHYSICIANS 22e. ADDRESS 3 577 AWNAPOLIA NAME TVO 325 Imhutel md 2/061

requires that the death certificate be executed within 24 hours after death pleose remove signed by the attending physician ond ca burial-transit permit. Then pleose remov burial, cremation, or removol, and in ony attending physician. the has been State Dept. of Health prior to Page 4 may be retained by the haspiral or O FUNERAL ORECTOR: After this certificate for TENDING director, page 3-s 30M REV.

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23a. BURIAL, CREMATION

23b. DATE

CEMETERY OR EREMATORY

25d. REC'D BY REGISTRAR 68

23d. LOCATION (City or Town)

(State) (County) 25b. REGISTRAR'S SIGNATURE

GIGGU:	
	[2011] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

CERTIFICATE OF DEATH

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						NIII I C	ALL OI	PEAIL						
	ECEASED-NAM		irst	K	MAGNE.		Last		2a. DATE OF	DEATH Month	Day	Year	2b. HOUR	
	(Type ar print)	LIL	LIAN	(Lec	kad ja) 2	IELO	VKA	1	AV	18	1968	6:40M	
3. 9	SEX		4. RACE				S. DATE OF B	IRTH		6. ARE (In yea		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	
	Fema	10	W	nite			Octo	per 29	,1894	last birthday	YRS.	CTAU CHINON	HOURS MIN.	
7a.		State or foreign		F WHAT COUN	TRY? 8	MARRIED 10			9. COUNTY OF	DEATH				
cou	intry)	vland	TT C	MAKKED A HEVER MAKKED						e Arundel Md.				
10	CITY OR TOWN			11. NAME OF HOSPITAL OR INSTITUT			t in haspital	12a. USUA	L OCCUPATION	BUSINESS OR				
7				give street odds	ress)			during mo	st of warking	life, even if ret		INDUSTRY	100	
120	Annap	OLLS	ceased lived, if in	Anne	A rund	CITY OF	TOWN HOS	130. INSIDE CITY LIN	ousew	REET AND NUME	RFR	1		
adr	nissian) STAT	le .	13h COUN	JTV				YES NO				21.5		
	CAPILICAL CALL	Maryl			indel			AIDEN NAME FI	Alle		Box Idle	347	Last	
14.	FATHER'S NAM	-	Mide			15.			(2)					
L		Georg					Lena -				Brzezinski AddressR.D.1,Box345			
16	o. WAS DECEAS Yes, na, ar unk		ARMED FORCES?	(e)									0X345	
L	100,110,01			212-0	9-890	OA M	Wil	liam Z	ielon	ka, Ed	gew	ater,	Md	
			er only one cause I										ONSET AND DEATH	
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)														
14/30 DUE TO OR AS A CONSEQUENCE OF											1	,		
		Conditions, if any, which gove help active to												
		nediate couse		OR AS A CON		17		~ 1	. 1	4 0		1	1	
	lost. (c) aple porce Cardiovascular descent													
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)													
	1411 2 V de aletes mille tur													
I OIL	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)											CERTIFYING		
FICA														
Eda	210 ACCID	ENT WAS UNDE	RIYING 216 TI	ME OF INJURY		21c HC	-	4	nature of iniu	ry in Port 1 or	Port 2. It	em 18.)		
		BUTING CAUSE O	F DEATH HOUR	HOUR A.M. Manth Day Year				HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)						
MEDICAL	(If either, r	atify medical e		P.M.	19	01 1 01 L VQ	CATION CA	D.C.D. No.	Ciby	or Tawn		Caunty	State	
-		Not while	21e. PLACE OF INJ	OFFICE BU	IILDING, ETC.	211. 10	CATION SITE	er or K.r.D. No.	City	or ruwii		comy	31010	
	at war	of work					1 30 -	1 10/		1.52.10	10/		. (1) () 1 .	
	22a. I certify that (I) (this haspital) attended the deceased from 1963, ta world, 1968, that (I) (we) last saw the deceased alive an 1963, and that in (my) (our) apinian death occurred on the date and hour and from the													
н	saw the deceased alive an													
1			20 ve, (1) (we) (ulu) (ulu) lu	A I	ady direi c			-		22c. D	ATE SIGNED	-10/	
Т	ATTENDING MED. STAFF STAFF													
	22d. PHYSI	CLAN'S	. 11) V VI.C.	000	DEOR	PHYS.		IKECTOK —	11113.	110	1	. / 20	
1		IT. mal / for	ay M.	Smith				e Arun	del G	eneral	Но	stri ta	1	
-	BUBIAL CO				3c. NAME OF CE	METERY OR		<u> </u>		ON (City of Fow		(County)	(Stote)	
23	a. BURIAL, CR REMOVAL (EMATION, Specify)	23b. DATE						Rolt	imore	27	Mar	yland	
	REMOVAL (DECTOR	5/22/6	0 1	St. St	anis.	Laus	2Sa. REC'D B				SIGNATURE	Jania	
	FUNERAL DI		& SON	c 180		orn	ATTR	67	1000	1968	Mili	mes	udge	
I/	I.F.DA	MONDY.	L & DUN	D, 100	Dast	CIII 1	VA C.	DATE	W L	1900	1	- 0	0	

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